

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Mary Podles

2. DATE OF DEATH

5/18/50

PLACE OF DEATH:

Baltimore City, Maryland

3. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mayland General

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE *Ind*

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 8-03

D. STREET ADDRESS (If rural, give location)

2645 Beryl Ave #5

E. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Mar. 1888

9. AGE (In years last birthday)

62

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Mikolajczyk

14. MOTHER'S MAIDEN NAME

L

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Leon Podles Box 5 Mace Ave Essex Md

18. *4434*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebrovascular accident

INTERVAL BETWEEN ONSET AND DEATH

6 wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

DUE TO

(C)

Hypertensive Cerebrovascular Disease

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4/14*, 19*50*, to *5/18*, 19*50*, that I last saw the deceased alive on *5/17*, 19*50*, and that death occurred at *5/12* *3* *pm*, from the causes and on the date stated above.

23A. SIGNATURE

Charles J. Black

23B. ADDRESS

Mayland General

23C. DATE SIGNED

5/18/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

May 22-50

Holy Rosary

Balto. Co.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 18 1950

Huntington Williams

Wm. S. Fialkowski 2007 Eastern Ave

VS 150

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legible and important. Physicians: please write the causes of death clearly and briefly. correct age is especially important.

MEDICAL CERTIFICATION

5/15/70

Mr. [illegible]

Dear Sir,

I have the honor to acknowledge the receipt of your letter of the 10th inst.

in relation to the [illegible]

and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

Very respectfully,
[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4502

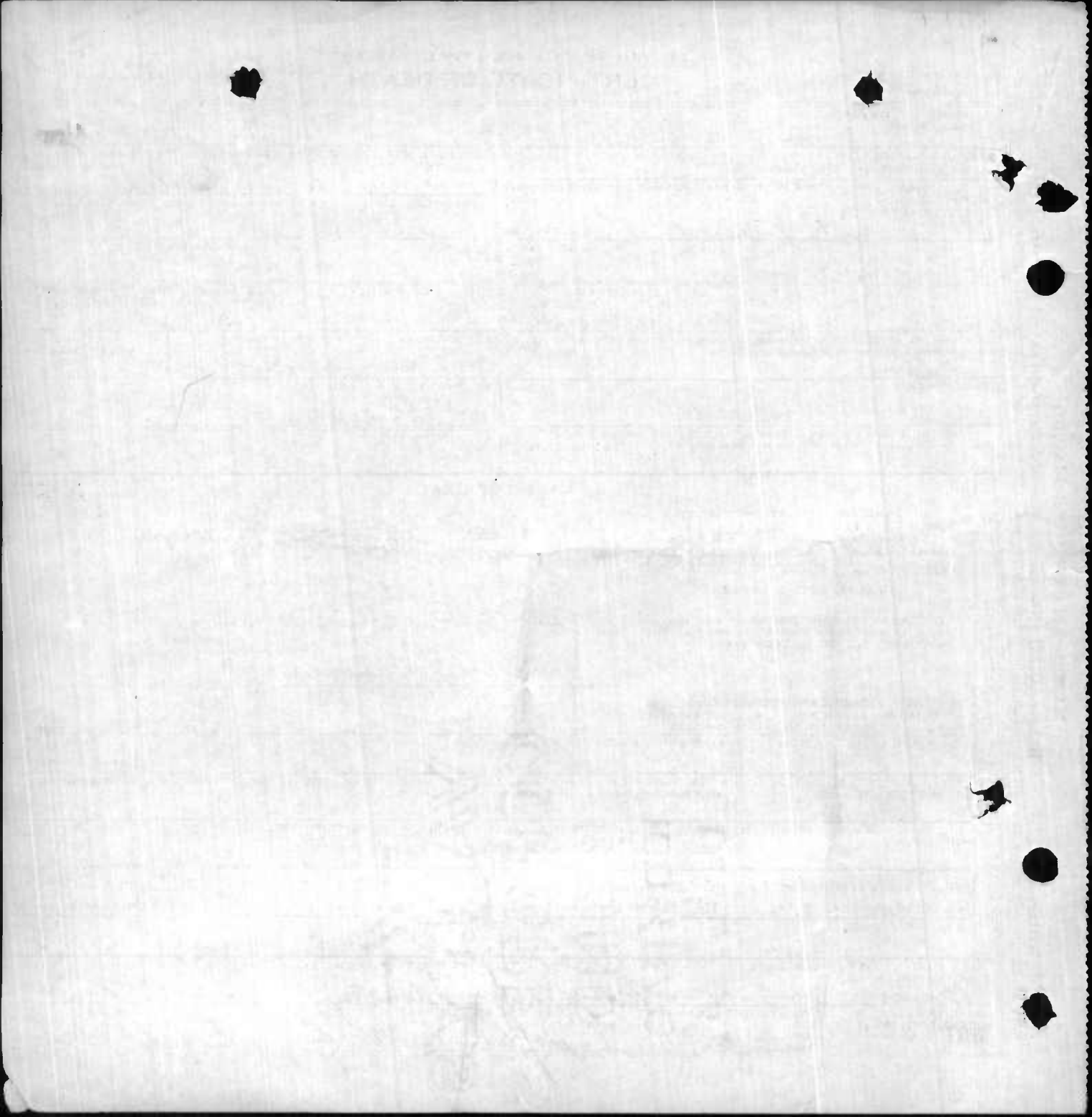
50 BIRTH NO. 4502

1. NAME OF DECEASED (Type or Print) ERNEST E. FOWBLE		2. DATE OF DEATH 5/18/50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Carroll	
B. FULL NAME OF HOSPITAL OR INSTITUTION University of Maryland Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Woodbine	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location)	
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) unmarried	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 72
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Wm. Fowble		14. MOTHER'S MAIDEN NAME Shoemaker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. 443X	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Cerebral Thromboses, hemiplegia DUE TO	
ANTECEDENT CAUSES	(B) right DUE TO Hypertensive Cardio Vascular Disease	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) Branch Pneumonia	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 5/10 , 19 50 , to 5/18 , 19 50 , that I last saw the deceased alive on 5/18 , 19 50 , and that death occurred at 7:30 Am. , from the causes and on the date stated above.		
23A. SIGNATURE Mark E. Hall, Jr.	23B. ADDRESS 267 Md Hous	23C. DATE SIGNED 5/18/50

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE May 20, 1950	24C. NAME OF CEMETERY OR CREMATORY Morgan Chapel Cemetery	24D. LOCATION (City, town, or county) (State) Carroll Co. Md
DATE RECEIVED BY MAY 18 1950	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR C. M. Walty	ADDRESS Winfield, Ind.



PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4503

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George E. Fulton

2. DATE
OF
DEATH

May 18, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

N. J.

V-27

(If outside corporate limits, write RURAL and give township)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEArdleigh Nursing Home
2075 Rockrose Ave.C. CITY OR TOWN
Highland Park

D. STREET ADDRESS (If rural, give location)

429 Denison St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Aug. 11, 1868

9. AGE (in years;
last birthday)

81

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Mtd. chief Const. Engineer

Copper

11. BIRTHPLACE (State or foreign country)

New Jersey

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Fulton

14. MOTHER'S MAIDEN NAME

Frances Ramsay

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
New Brunswick, N. J.
W. H. Quackenboss 156 Livingston Ave.

18.

422-1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Arteriosclerotic Cardio-Vascular Disease

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1949, to May 1950, that I last saw the
deceased alive on May 17, 1950, and that death occurred at 10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

William L. Kephart, M.D.

23B. ADDRESS

5006 Roland Ave.

23C. DATE SIGNED

May 18, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

5/18/50

24C. NAME OF CEMETERY OR CREMATORY

Elmwood Cem.,

24D. LOCATION (City, town, or county)

New Brunswick, N. J.

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

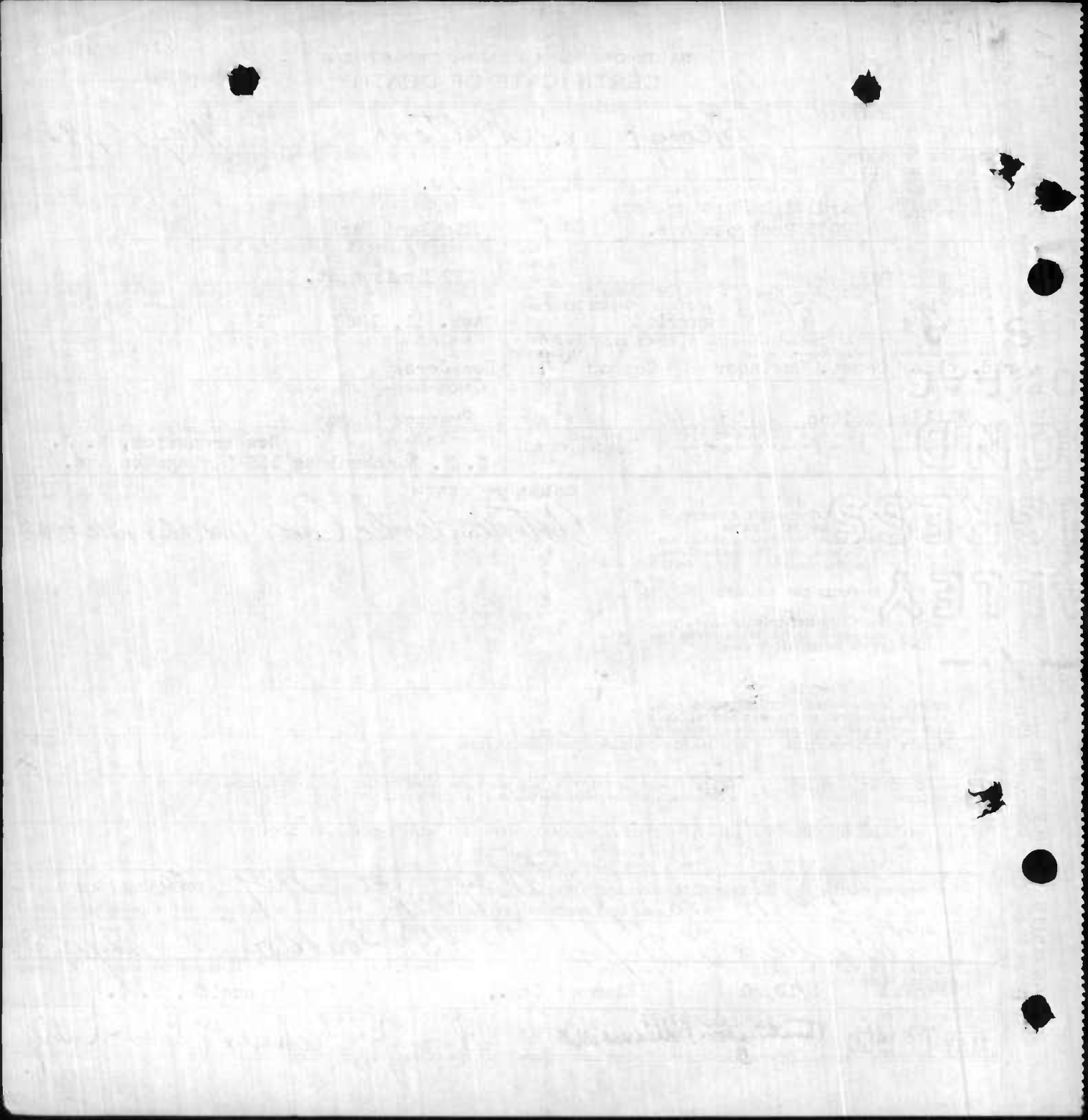
25. FUNERAL DIRECTOR

ADDRESS

MAY 18 1950

Huntington Williams, M.D.

Wm. J. Tickner & Sons - Balt.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED 5-29-50

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4504 Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Abraham Kahn

2. DATE
OF
DEATH

May 18, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. State Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Riveria Apts. Linden Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Md. 13-01

D. STREET ADDRESS (If rural, give location)

Riveria Apts. Apt. 1-G Linden Ave

c. Length of stay in Baltimore 50 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec 30, 1884

9. AGE (In years)

(64) 65

H Under 1 Year

Months: Days

H Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired - Baltimore

10B. KIND OF BUSINESS OR INDUSTRY

Electrical appt. store

11. BIRTHPLACE (State or foreign country)

New York City

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Louis Kahn

14. MOTHER'S MAIDEN NAME

Edheimer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Sadie Katzenberg Kahn.

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A) Coronary Thrombosis
DUE TO Coronary Arteriosclerosis(B) Angina pectoris
DUE TO Generalized arteriosclerosis
Congestive heart failure(C) Encephalitis Epidemica
Post-encephalitic Parkinsonism

INTERVAL BETWEEN ONSET AND DEATH

Sudden

22 years

6 months

28 years

21 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

M. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December, 1922, to May, 1950, that I last saw the deceased alive on 13 May, 1950, and that death occurred at 9:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

James P. Hamburger

M. D.

23B. ADDRESS

1207 Eutaw Place

23C. DATE SIGNED

May 18, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 19, 1950

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Hebrew

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

David S. S. S.

ADDRESS

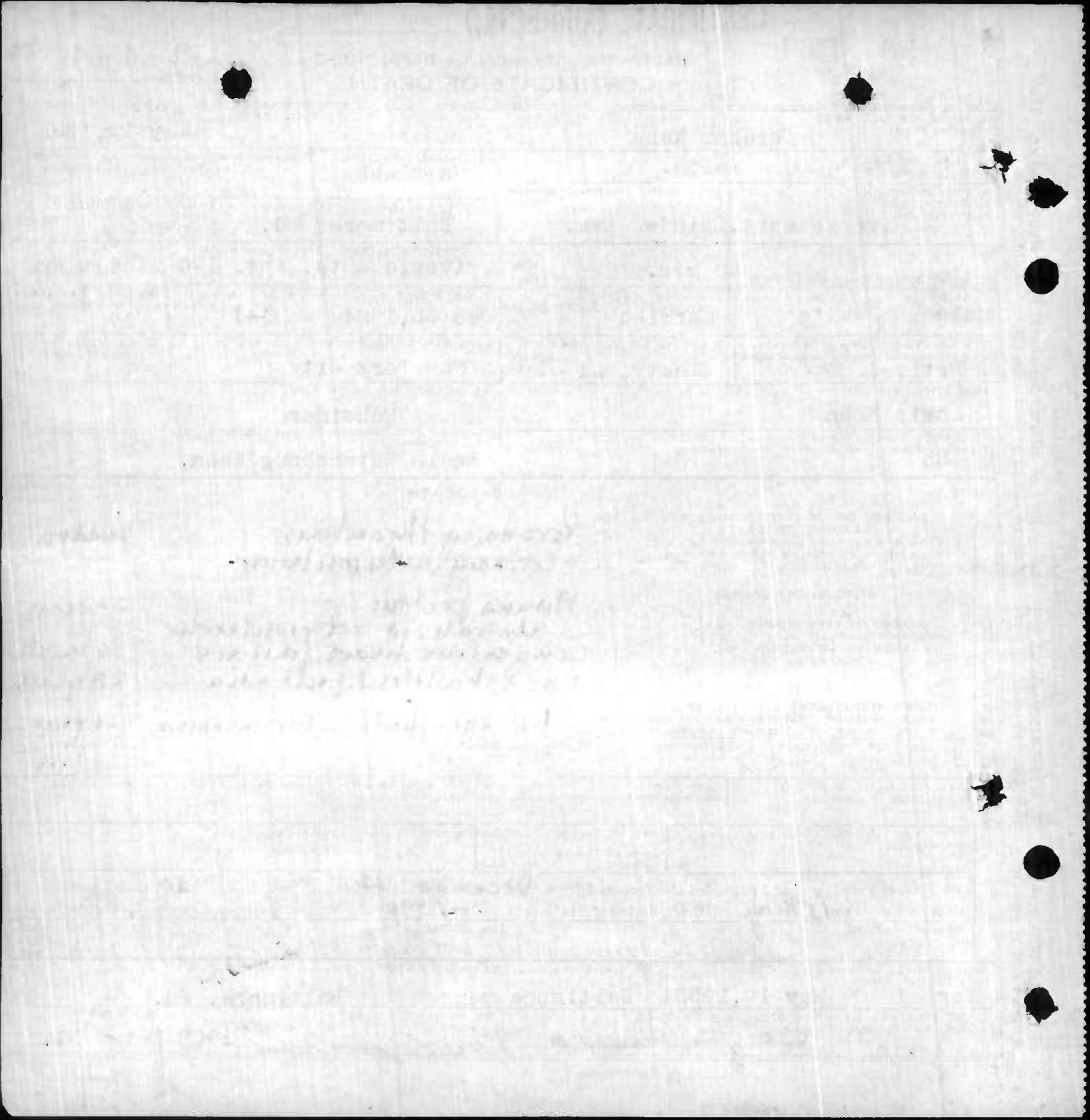
1902 Eutaw Pl.

MAY 18 1950

VS 150

15660

94a

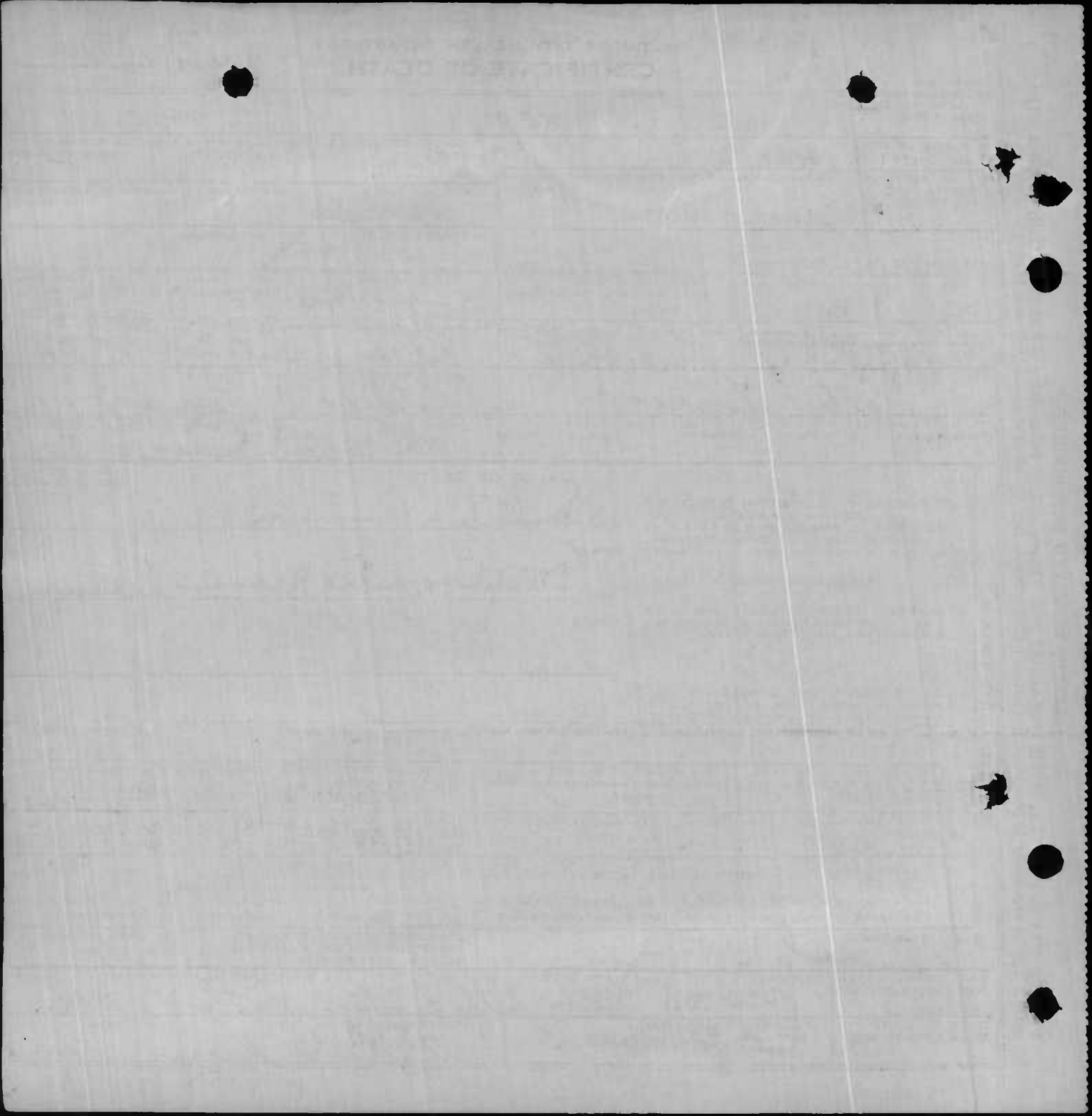


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				50 4505 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) ALGERNON FOREMAN			2. DATE OF DEATH May 17, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE D. C. B. COUNTY Washington		
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Agnes Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Washington		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1008 M Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 5-4-1923	9. AGE (In years last birthday) 27	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10B. KIND OF BUSINESS OR INDUSTRY Truck Driver	11. BIRTHPLACE (State or foreign country) Wheeling, West Va		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Walter Foreman			14. MOTHER'S MAIDEN NAME Estella A. Foreman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Walter Foreman, Jr. (Brother)		
18. E812.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Multiple Fractures (A) DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Diaphragmatic Hernia, traumatic (B) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Washington Boulevard, 1 mile N. of Leurl	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 5/13/50 10:00 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Man stepped out of his car to check his headlights when he was struck by another car.	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Carl L. Royer		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> M.D.		23C. DATE SIGNED 5/17/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-23-1950		24C. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery, Suitland, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 19 1950		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Charles W. Young, Wash. 512	
VS 151		N-809.2		42050	

1700 ✓



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully collected. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

 1. NAME OF DECEASED
(Type or Print)

Mary Agnes McCormick

 2. DATE
OF
DEATH

5/17/50 4:20 PM

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Md.

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1735 Hanover St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. 23-03

O. STREET ADDRESS (If rural, give location)

1735 Hanover St.

C. Length of stay in Baltimore

 Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

6/21/1866

9. AGE (In years last birthday)

83

 If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Patrick Harris

14. MOTHER'S MAIDEN NAME

Rose Leary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

 17. INFORMANT ADDRESS
Evelyn McCormick 1735 Hanover St.

18.

 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

Cardiac decompensation

DUE TO

(B)

Myocardial degeneration

DUE TO

(C)

Arterio-sclerosis

INTERVAL BETWEEN ONSET AND DEATH

 II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

 WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1953, 19, to 5-16-50, 19, that I last saw the deceased alive on 5-16-50, 19, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Denis J. McGrath

M. D.

23B. ADDRESS

1 E Randall St 5/18/50

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/20/50

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

4pm Book Inc. 1217 St. Paul St.

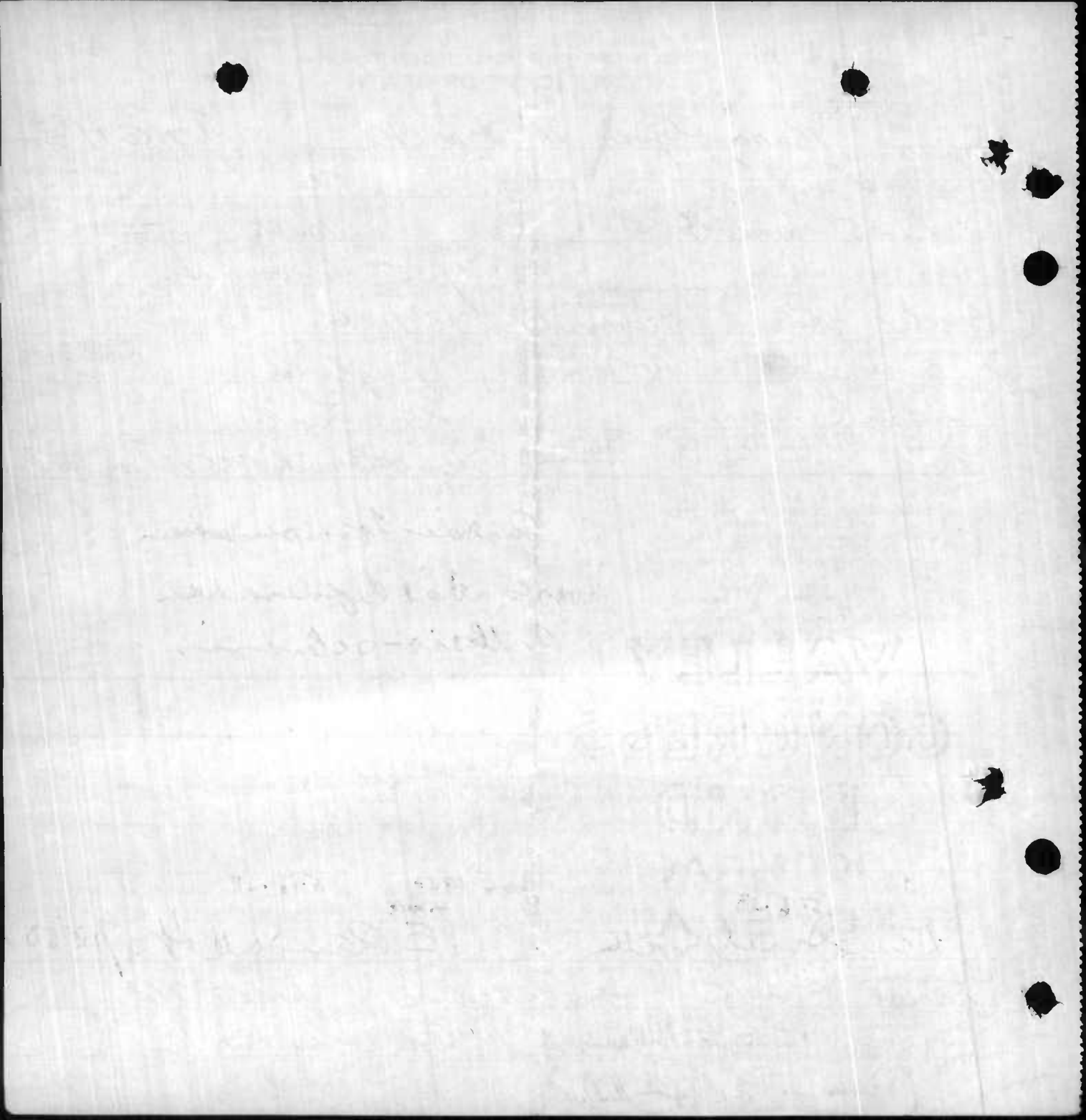
MAY 19 1950

VS 15

(Denis J. McGrath M.D.)

4507

937



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. 50 095721. NAME OF DECEASED
(Type or Print)YVONNE JIANE MILLER2. DATE
OF
DEATHMay 16, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTIONVoluntien of America Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto19-03

D. STREET ADDRESS (If rural, give location)

1331 W. Pratt St.

c. Length of stay in Baltimore

12 hours

5. SEX

F

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Single

8. DATE OF BIRTH

5/6/509. AGE (in years,
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.1210A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Curtis Miller

14. MOTHER'S MAIDEN NAME

Jane Naomi Buckley15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)No16. SOCIAL
SECURITY NO.

17. INFORMANT

Jane Miller

ADDRESS

1331 W. Pratt St.18. 762.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Congenital atelectasis12 hours

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 5/6/50, 1950, to 5/16/50, 1950, that I last saw the
deceased alive on 5/16, 1950, and that death occurred at 8.00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Rebecca J. J. J.

23B. ADDRESS

Voluntien of America Hosp.

23C. DATE SIGNED

5/17/5024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

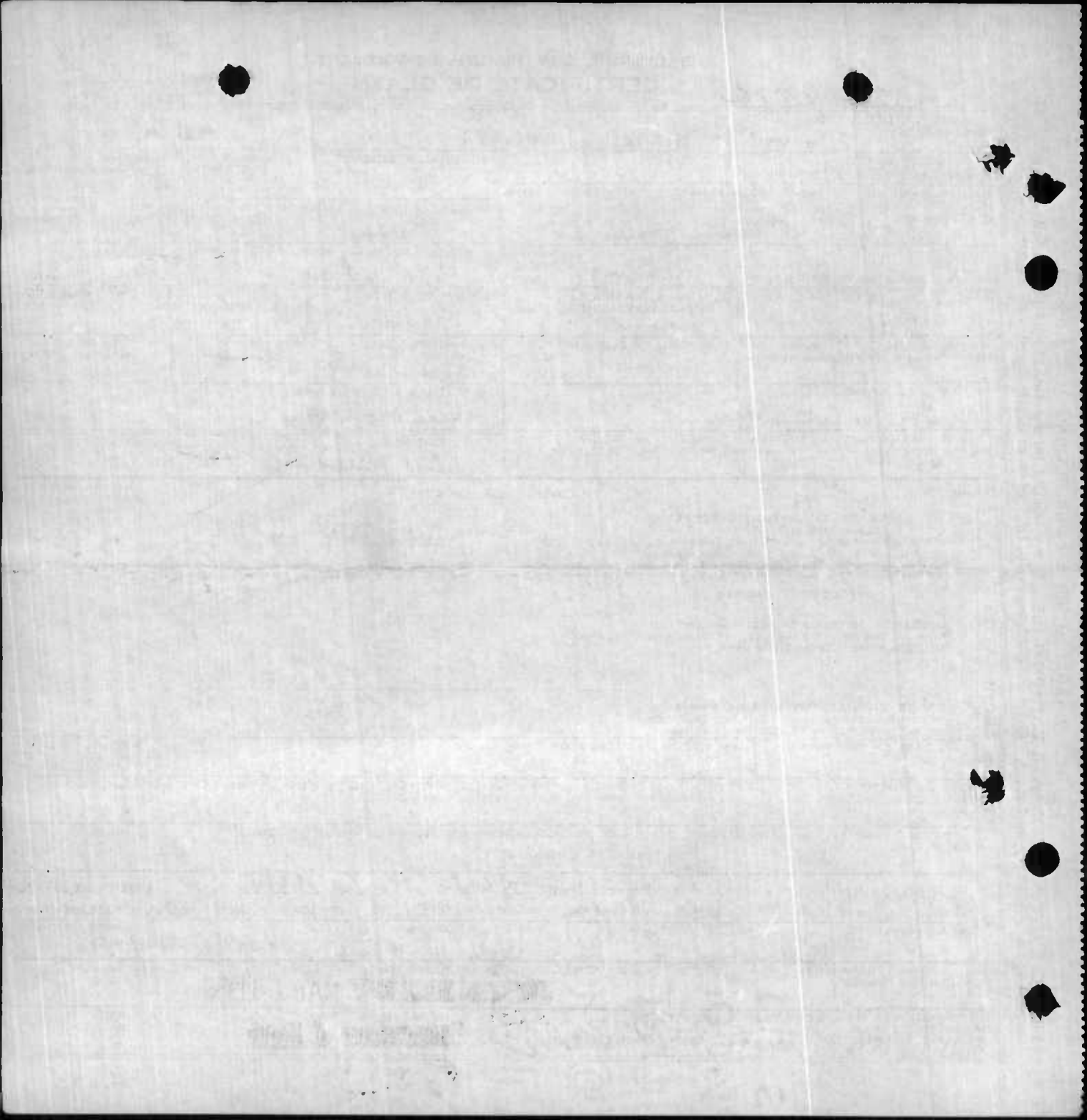
JOHN HOPKINS MEDICAL SCHOOL MAY 18 1950DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 19 1950Huntington Williams, M.D.Commissioner of Health



S-132

ES-137815

50 4508

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4508

Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <u>Loring (Loving) Spotswood</u>			2. DATE OF DEATH <u>5-9-50</u>		
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md</u> B. COUNTY <u>Prince George</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Crownsville State Hospital Rural</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baltimore City Hospitals</u>			D. STREET ADDRESS (If rural, give location) <u>6600 over</u>					
c. Length of stay in Baltimore <u>4 Days</u>			5. SEX <u>Male</u>			6. COLOR OR RACE <u>Negro</u>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid</u>			8. DATE OF BIRTH <u>Feb. 2, 1870</u>			9. AGE (In years last birthday) <u>80</u>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>?</u>		
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <u>?</u>			14. MOTHER'S MAIDEN NAME <u>?</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <u>4940 Records* Balto, City Hospitals Eastern Ave.</u>		
18. <u>610X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Urinary Extravasation</u> DUE TO <u>Prostatic Hypertrophy</u> DUE TO <u>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</u>						INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION <u>5-5-50</u>			19B. MAJOR FINDINGS OF OPERATION <u>Suprapubic Cystostomy</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>5-5-1950</u> to <u>5-9-1950</u> , that I last saw the deceased alive on <u>5-9-1950</u> , and that death occurred at <u>11:02 A. M.</u> from the causes and on the date stated above.								
23A. SIGNATURE <u>Ed. Rozen</u> M. D.			23B. ADDRESS <u>4940 Eastern Avenue</u>			23C. DATE SIGNED <u>5-12-50</u>		
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE			24C. NAME OF CEMETERY OR CREMATORY		
24D. LOCATION (City, town, or county) (State)			25. FUNERAL DIRECTOR ADDRESS			25. FUNERAL DIRECTOR ADDRESS		

UNIVERSITY MEDICAL SCHOOL MAY 17 1950

Commissioner of Health

137a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

Information for change of address obtained through State Board
of Health 6/28/50.

B-640

BURL

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4509

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Addison Burle

2. DATE
OF
DEATH

5/17/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE B. COUNTY

Md

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

DO 1220 Mosher St

C. CITY OR TOWN

Balt

(If outside corporate limits, write RURAL and give township)

16-01

D. STREET ADDRESS (If rural, give location)

1220 Mosher St

c. Length of stay in Baltimore

40 Yrs.
Mos.
Days

5. SEX

m

6. COLOR OR RACE

c

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

m

8. DATE OF BIRTH

1/25/1889

9. AGE (In years
last birthday)

61

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

3 23

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Porter

10B. KIND OF BUSINESS OR
INDUSTRY

Basket Shop

11. BIRTHPLACE (State or foreign country)

London Co. Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Addison Burle

14. MOTHER'S MAIDEN NAME

Elizabeth Parker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Florine Burle - 1220 Mosher

18. 540.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

Recurrent Gastric Ulcer

INTERVAL BETWEEN
ONSET AND DEATH

3 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Broncho Pneumonia

7 days

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 24, 1950, to May 17, 1950, that I last saw the
deceased alive on May 16, 1950, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

William Frey, M.D.

23B. ADDRESS

1928 Penna Ave

23C. DATE SIGNED

5/17/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/19/50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore City

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 19 1950

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

Samuel W. Sullivan Jr

ADDRESS

1011 N. Arlington

VS 150

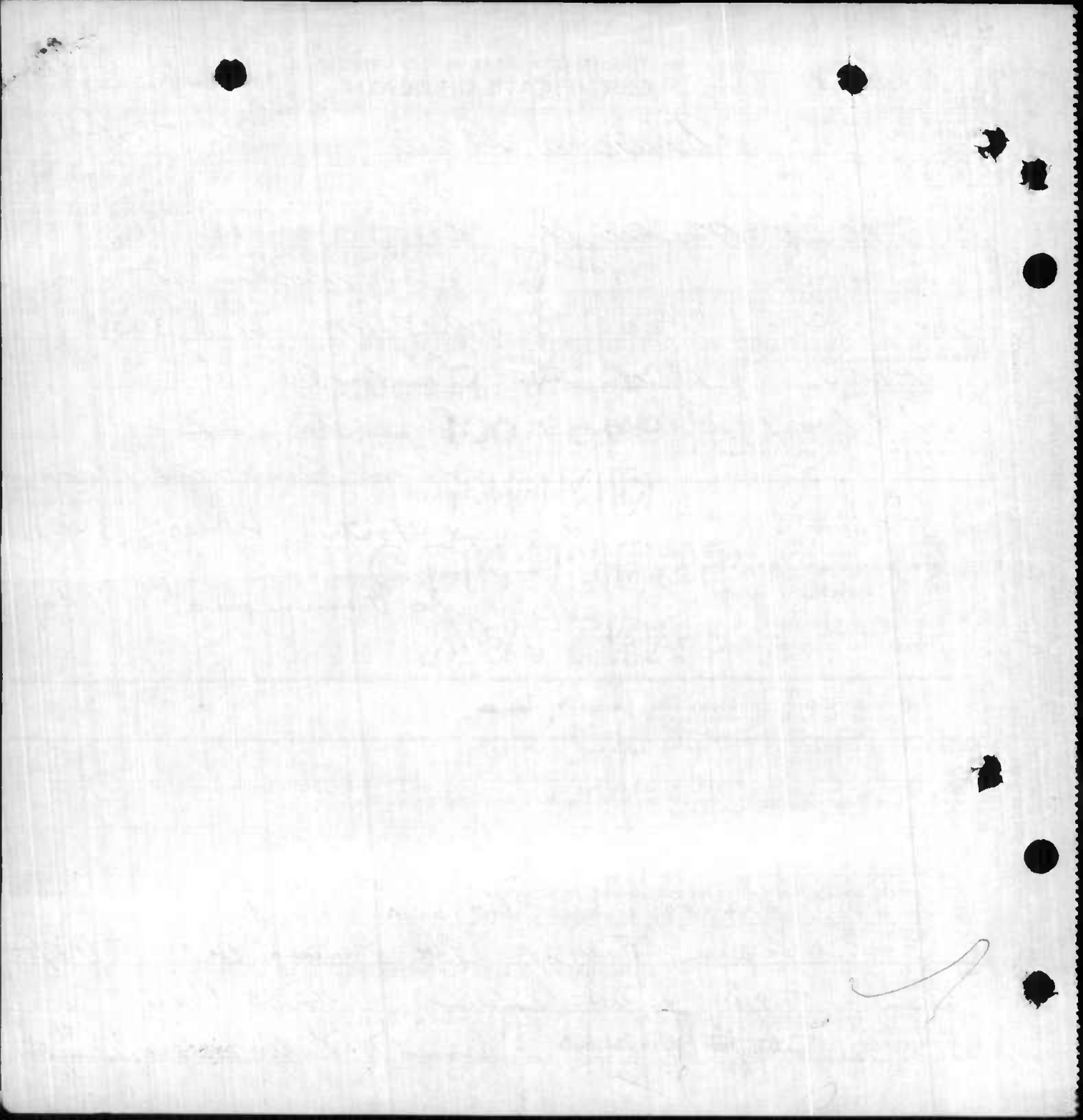
75089

117a

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully submitted. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

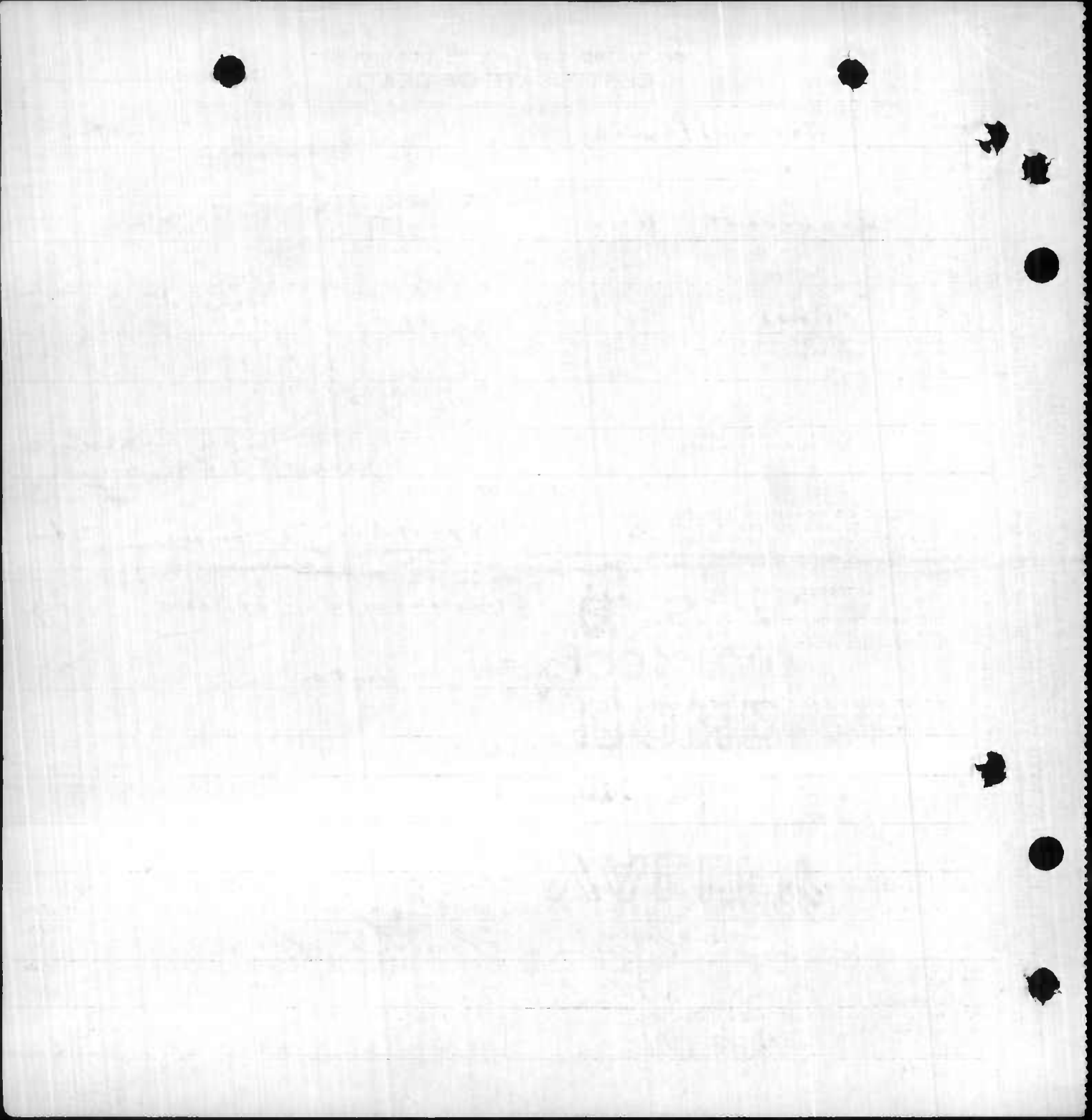


PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully studied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4510
Registered No. _____

BIRTH NO. 50 4510		1. NAME OF DECEASED (Type or Print) <i>John A. Stephens</i>		2. DATE OF DEATH <i>5-18-50</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>16-03</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>			
c. Length of stay in Baltimore <i>30</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1001 N. Mount</i>			
5. SEX <i>m</i>	6. COLOR OR RACE <i>colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>m</i>	8. DATE OF BIRTH <i>6/6/1898</i>	9. AGE (In years last birthday) <i>51</i>	10. Under 1 Year Months Days <i>11 12</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Red Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Cabinet making</i>		11. BIRTHPLACE (State or foreign country) <i>Dorland, N. C.</i>	
13. FATHER'S NAME <i>Lewis Stephens</i>		14. MOTHER'S MAIDEN NAME <i>Annie?</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Edna Stephens - 545 E. Lombard Ave</i>	
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) DUE TO Hypostatic pneumonia 2 days		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Cerebro-vascular accident 3 days		(B)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO Ess. hypertension ??		(C)			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5/15/50</i> 19, to <i>5/18/50</i> 19, that I last saw the deceased alive on <i>5/18/50</i> 19, and that death occurred at <i>9 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Lewis W. Seyer, D.</i>		23B. ADDRESS <i>Provident Hosp.</i>		23C. DATE SIGNED <i>5-18-50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5-20-50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Western Star Cem.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 19 1950</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Samuel W. Sullivan Jr.</i>	
VS 150		988 XD		83a	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4511

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) *BERTHA KEENE*

2. DATE
OF
DEATH *5/18/50*

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE *MD.*

B. COUNTY _____

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE *Johns Hopkins*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 7-04

D. STREET ADDRESS (If rural, give location)
1036 Rutland Ave.

C. Length of stay in Baltimore *30*

Yrs.
Mos.
Days

5. SEX *Fe*

6. COLOR OR RACE *N*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH *2/28/05*

9. AGE (in years, last birthday) *45*

11 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10B. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country)
Sumter, S. C.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME
Frank Wright

14. MOTHER'S MAIDEN NAME
UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO. _____

17. INFORMANT

ADDRESS

John E. Keene

1036 Rutland Ave

18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *CORONARY HEART DISEASE*

6 mos.

DUE TO

ANTECEDENT CAUSES

(B) _____

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) _____

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION _____

19B. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from *Nov.*, 1950, to *May*, 1950, that I last saw the deceased alive on *5/8*, 1950, and that death occurred at *12:15 A.* m., from the causes and on the date stated above.

23A. SIGNATURE *J. Keene*

23B. ADDRESS *601 N. Carrollton Ave.*

23C. DATE SIGNED *5/18/50.*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Removal*

24B. DATE *5-20-1950*

24C. NAME OF CEMETERY OR CREMATORY *Sumter S. Co.*

24D. LOCATION (City, town, or county) (State) _____

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE *William Williams*

25. FUNERAL DIRECTOR

ADDRESS

MAY 19 1950

William Williams

Randolph Collier 1532 Biddle St.

NOT A MEDICAL EXAMINER'S CASE

R. B. Fisher

M.D.

CHIEF OR ASST. MEDICAL EXAMINER

0-236
50 4512BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4512

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emilie K. Ostermayer

2. DATE
OF
DEATH

May 17/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

154 S. Culver St.

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

154 S. Culver St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

Sept. 18, 1867

9. AGE (in years)

82

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

-----Vogtmann

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Marie Knaak, 154 S. Culver St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Pneumonia Hypostatic
Terminal

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Cardio-Vascular Lesions
& Hypertension

7 years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

DUE TO

Cholelithiasis & Cholecystitis

3 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/27, 1950, to 5/17, 1950, that I last saw the deceased alive on 5/17, 1950, and that death occurred at 11:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Elmer W. Johnson

23B. ADDRESS

3432 Frederick Ave

23C. DATE SIGNED

5/18/50

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 20/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park, 3801 Frederick Rd., Balto. 29, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Harry A. Lutzke

ADDRESS

4101 Edmondson

ve.

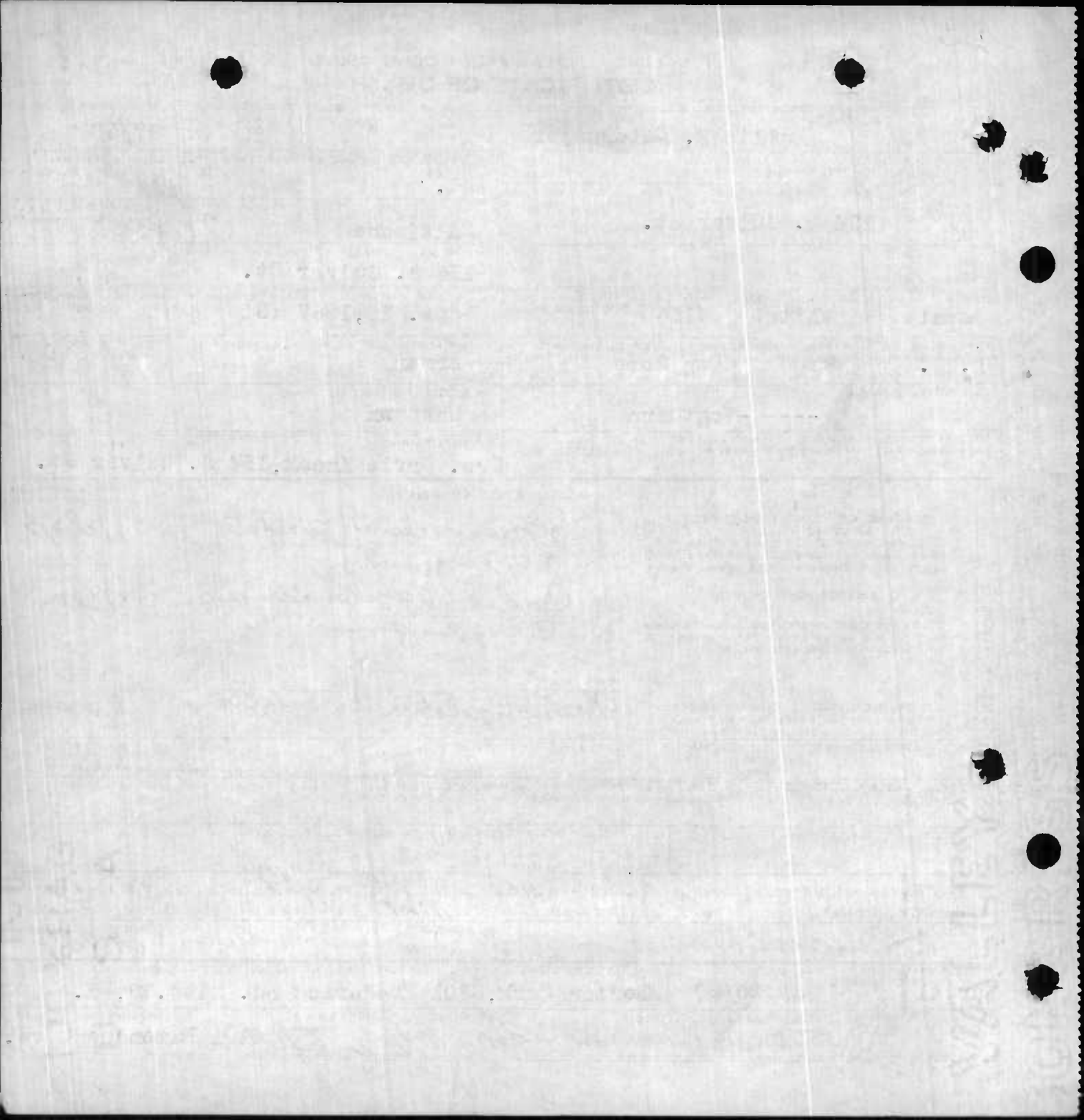
MAY 19 1950
VS 150

937

MARGIN RESERVED FOR BINDING

CERTIFICATION
MEDICAL

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4513

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dominic DeFrancisco

2. DATE
OF
DEATH

5/17/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Maryland General Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 26-09

D. STREET ADDRESS (If rural, give location)

3440 Foster Avenue

c. Length of stay in Baltimore

Unknown

5. SEX

male white

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED (Specify)

DIVORCED

8. DATE OF BIRTH

Feb 11, 1905

9. AGE (in years
last birthday)

45

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

steelworker

10B. KIND OF BUSINESS OR INDUSTRY

Bldg. Steel

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

?

13. FATHER'S NAME

Joseph Di'Francesco

14. MOTHER'S MAIDEN NAME

Mary Di'Francesco

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, none unknown) (If yes, give war or dates of service)

No

NONE

16. SOCIAL
SECURITY NO.

UNKNOWN

17. INFORMANT

ADDRESS

MARGARET LARNEY 126 N. WASH. ST.

18.

162X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Concussion of left
Lung with

(B)

DUE TO

metastatic tumor.

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.INTERVAL BETWEEN
ONSET AND DEATH

Months

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

3/22/50

Concussion of left lung

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/15/50, 1950, to 5/17, 1950, that I last saw the deceased alive on 5/17, 1950, and that death occurred at 8:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Anthony C. Keene

23B. ADDRESS

Maryland Gen Hosp

23C. DATE SIGNED

5/18/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

5-20-50

Holy Redeemer

Baltimore, Md.

DATE RECEIVED BY-
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Tilly & Zilch, 4038. North St.

VS 150

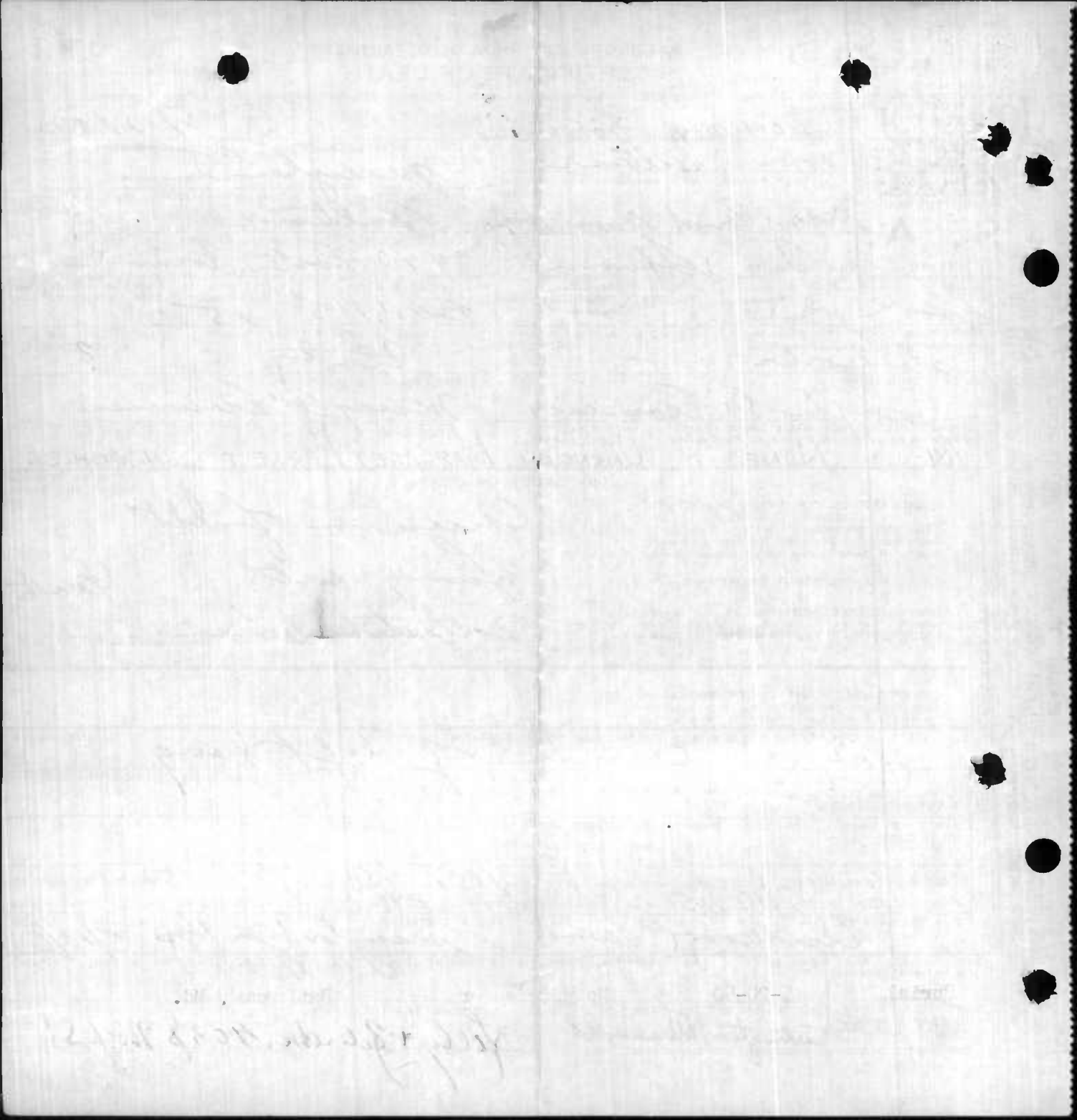
49629

470

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHTo be approved by *Dr. Kammer*
Registered No. *50 4514*

BIRTH NO. <i>50 4514</i>		1. NAME OF DECEASED (Type or Print) <i>MINNIE FREEDMAN (FRIEDMAN)</i>		2. DATE OF DEATH <i>5/18/50</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY <i>—</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>WEST BALT. GEN HOSP</i> <i>BALT. 16 MD.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALT. 23</i>			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1705 N. MONROE ST</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOW</i>	8. DATE OF BIRTH <i>1880</i>	9. AGE (In years last birthday) <i>70</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSEWIFE</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>—</i>		11. BIRTHPLACE (State or foreign country) <i>RUSSIA</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13. FATHER'S NAME <i>Louis Herman</i>		14. MOTHER'S MAIDEN NAME <i>Mollie</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>BEN REANICK</i>	
18. <i>E 900.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>CONGESTIVE HEART FAILURE, ARTERIO-SCLEROTIC HEART DISEASE</i> DUE TO (B) <i>MULTIPLE FRACTURED Ribs, RT & LEFT</i> DUE TO (C) <i>FRACTURED FEMUR, RT</i> DUE TO INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> <i>2 day</i> <i>2 days</i>		19. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION <i>per Dr. Kammer</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>ACCIDENT</i>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>HOME</i>	
21C. WHERE DID INJURY OCCUR? <i>1705 N MONROE ST BALT.</i>		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>5/16/50 2 P.M.</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21F. HOW DID INJURY OCCUR? <i>FELL DOWN STAIRS</i>		22. I hereby certify that I attended the deceased from <i>5/16</i> , 1950, to <i>5/18</i> , 1950, that I last saw the deceased alive on <i>5/18</i> , 1950, and that death occurred at <i>4:05 P.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>S. Robert Hardy</i>		23B. ADDRESS <i>West Balt. Genl Hosp</i>		23C. DATE SIGNED <i>5/18/50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5-19-50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Rosedale</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>		25. FUNERAL DIRECTOR <i>Jack Lewis</i>		ADDRESS <i>2100 Eutaw Rd</i>	

THE UNIVERSITY OF CHICAGO

CHICAGO, ILLINOIS

CHICAGO

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

K 520

KNOCK

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4515

Registered No. _____

50 4515

BIRTH NO.

2. DATE OF DEATH May 18-50

1. NAME OF DECEASED (Type or Print) Charles M. Knock, Sr

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE 4101 Bonner Rd.

c. Length of stay in Baltimore

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE MD B. COUNTY 15-29

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore Md

D. STREET ADDRESS (If rural, give location)
4101 Bonner Rd

8. DATE OF BIRTH Dec 11th 1874 73

9. AGE (In years, last birthday) 73

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY Auto, Self

11. BIRTHPLACE (State or foreign country) Woodbine Md

13. FATHER'S NAME Charles Knock

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME Mary A. Bonner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO. 217-05-2200

17. INFORMANT Charles M. Knock Jr ADDRESS 4101 Bonner Rd

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac Decompensation
DUE TO Arteriosclerosis
(B) Senility
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 13, 1950 to May 14, 1950, that I last saw the deceased alive on May 19, 1950, and that death occurred at 6 A. M., from the causes and on the date stated above.

23A. SIGNATURE E. M. Williams

23B. ADDRESS 3033 W North Ave

23C. DATE SIGNED 5/19/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE May 22-50

24C. NAME OF CEMETERY OR CREMATORY Lorraine Park Bur

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR MAY 19 1950

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Chas. P. Towell 2427 Edmond Ave Ave

~~Dr. P. Byerly~~

12/1

M. P. Byerly

WIL- 3443

3033 North ave

R-400
50 4516BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4516
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ARTHUR M. REELY

2. DATE
OF
DEATH

5-17-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

ST. Agnes Hospital

C. Length of stay in Baltimore

life

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

910 S. Beechfield Ave

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Mechanic - Glenn L. MARIN

10B. KIND OF BUSINESS OR
INDUSTRY

Aircraft mechanic

8. DATE OF BIRTH

12-19-15

9. AGE (In years
last birthday)

34

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

IRA REELY

14. MOTHER'S MAIDEN NAME

ETHEL B. SCHENK

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs Betty Reely 910 S. Beechfield Ave

ADDRESS

18.

154X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) Carcinoma of Rectum
DUE TO with Metastasis

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Cachexia

19A. DATE OF OPERATION

4-20-50

19B. MAJOR FINDINGS OF OPERATION

Inoperable Carcinoma of Rectum

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-12, 1950, to 5-17, 1950, that I last saw the
deceased alive on 5-17, 1950, and that death occurred at 11:20 m., from the causes and on the date stated above.

23A. SIGNATURE

Stephen K. Pachusis

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

5/18/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 20/50

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 19 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Harry A. W. 4101 Edmondson Ave

ADDRESS

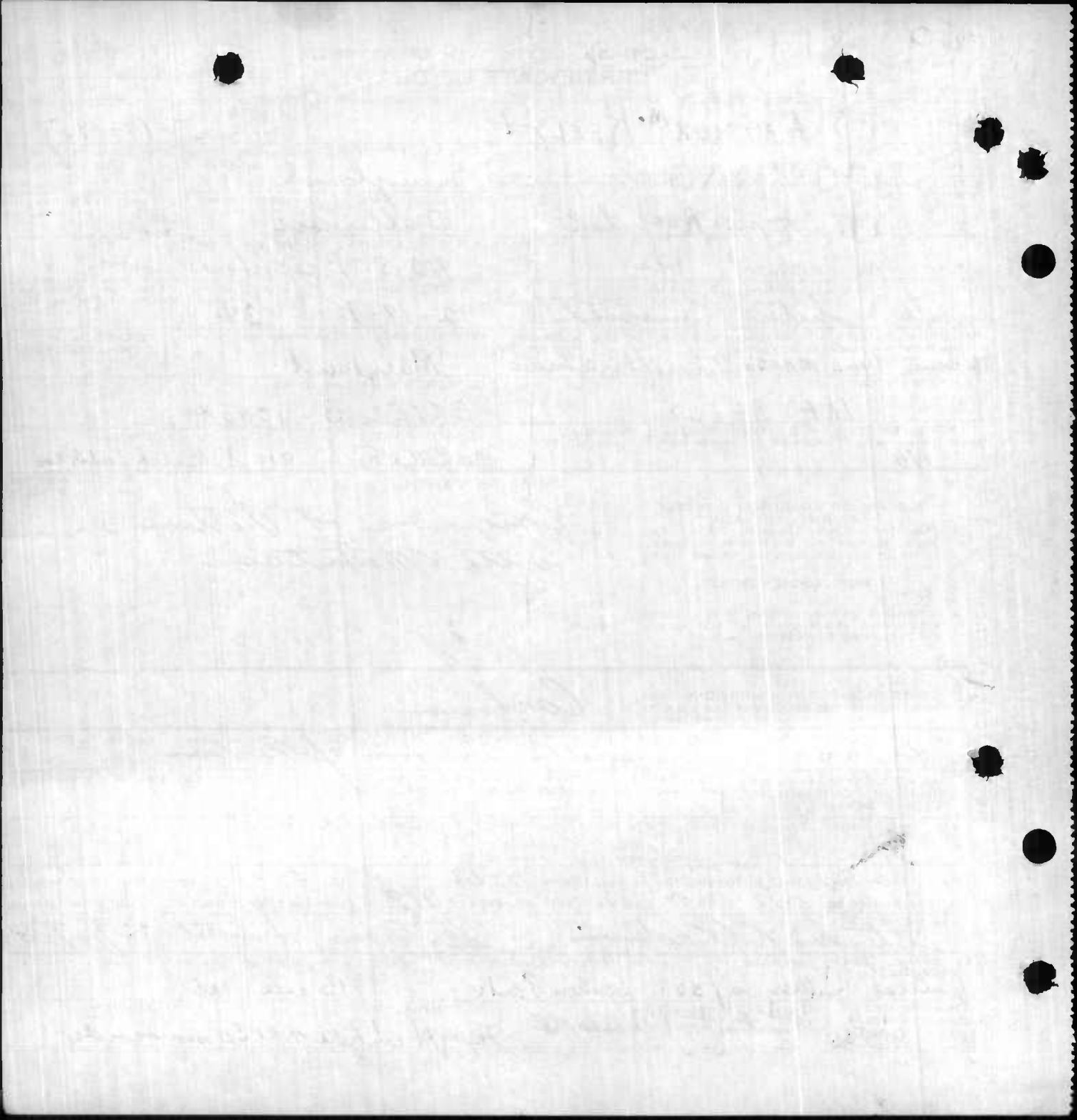
VS 150

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461

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully studied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4517
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Arthur Howard Sullivan</i>		2. DATE OF DEATH <i>May 18 - 1950</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>2900 Grindon Ave.</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <i>md</i> b. COUNTY _____	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>00</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-02</i>	
c. Length of stay in Baltimore <i>40 -</i> Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) <i>2900 Grindon Ave.</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Jan 28 - 1883</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Dairy - (Retired)</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Dairy - (Retired)</i>	9. AGE (in years last birthday) <i>67</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore County</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>James H. Sullivan</i>		14. MOTHER'S MAIDEN NAME <i>Mary Rodgers</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>215-10-8161</i>	
17. INFORMANT <i>Mrs. Paul Parish</i>		ADDRESS <i>2901 Grindon St.</i>	

18. <i>4/20/1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <i>Chronic myocarditis</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>1948</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Ch. Intestine Nephritis</i> DUE TO	<i>1948</i>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) <i>Coronary Sclerosis</i>	<i>Dec. 48</i>

19a. DATE OF OPERATION <i>0</i>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>Oct 10, 1948 to May 18, 1950</i> , that I last saw the deceased alive on <i>May 17, 1950</i> , and that death occurred at <i>6:10 a.m.</i> , from the causes and on the date stated above.				
23a. SIGNATURE <i>Paul Brown</i>		23b. ADDRESS <i>1663 W. North Ave.</i>	23c. DATE SIGNED <i>5-18-50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>5/20/1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Stone Chapel Cem.</i>	24d. LOCATION (City, town, or county)	(State) <i>md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 19 1950</i>	REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Howard G. Gill</i>		
		ADDRESS <i>6400 Midwood Ave.</i>		

VS 150

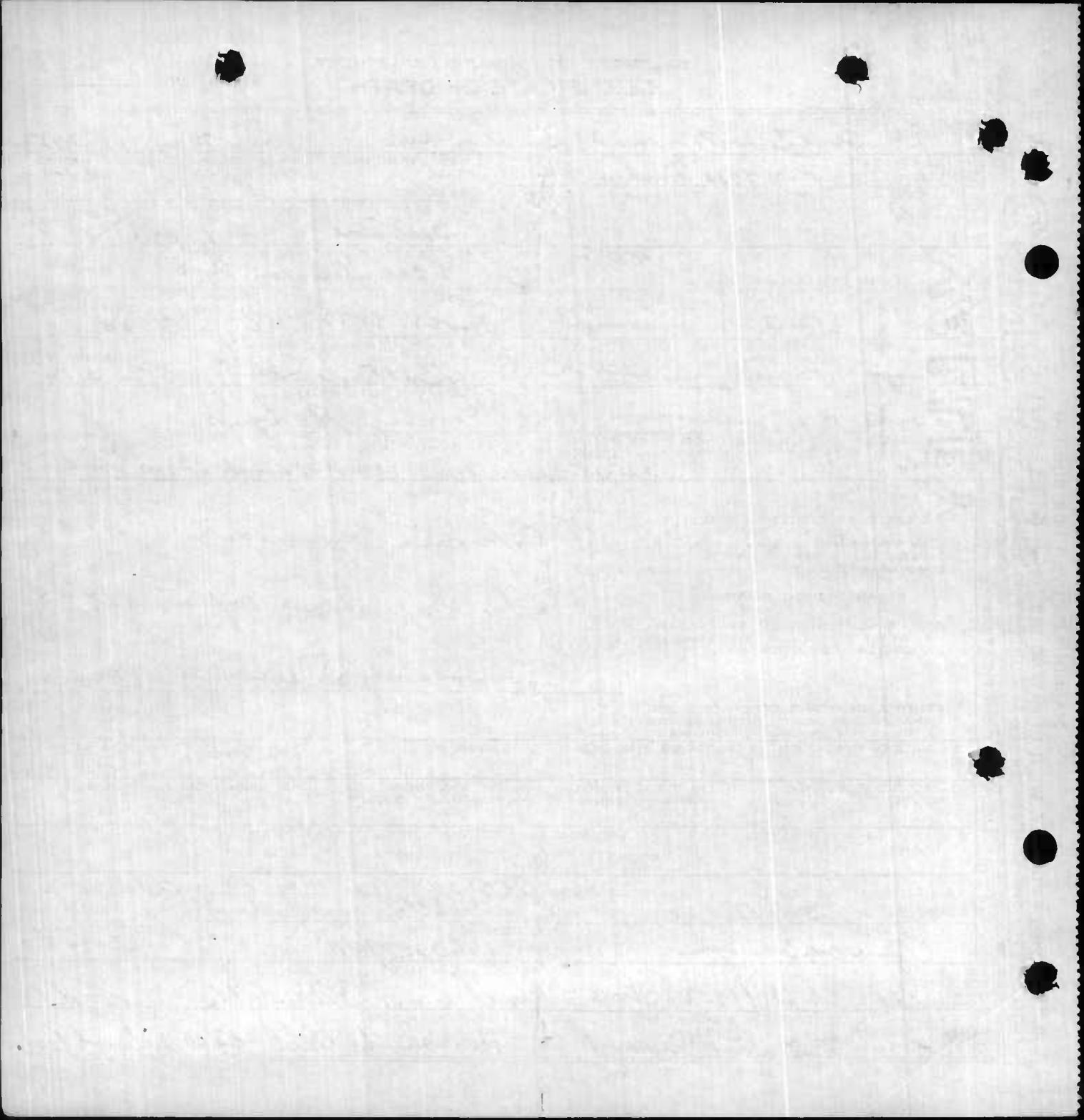
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDIC CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4518
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Alice Murphy Fards*2. DATE
OF
DEATH*May 16, 1950*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Baltimore*B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION *Little Sisters of the Poor Home for the Aged*

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE *Maryland*

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write R.U.M. and give township)
*Baltimore 10-01*D. STREET ADDRESS (If rural, give location)
1200 Valley St.

5. SEX

F.

6. COLOR OR RACE

*W.*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*M.*

8. DATE OF BIRTH

Sept. 10, 1869

9. AGE (In years last birthday)

80

If Under 1 Year

If Under 24 Hours

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jerry Murphy

14. MOTHER'S MAIDEN NAME

Rose Shelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT *Little Sisters of the Poor* ADDRESS
*1200 Valley St.*18. *331X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebral Hemorrhage*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Arterio Sclerosis*

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

*1 month**3 yrs*II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *April 1*, 1950, to *May 16*, 1950, that I last saw the deceased alive on *May 16*, 1950, and that death occurred at *10:15 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

E. Gill Hall

M. D.

23B. ADDRESS

*1631 E. North Ave*23C. DATE SIGNED
May 18-1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

*Burial**May 20, 1950**Cathedral**Baltimore*

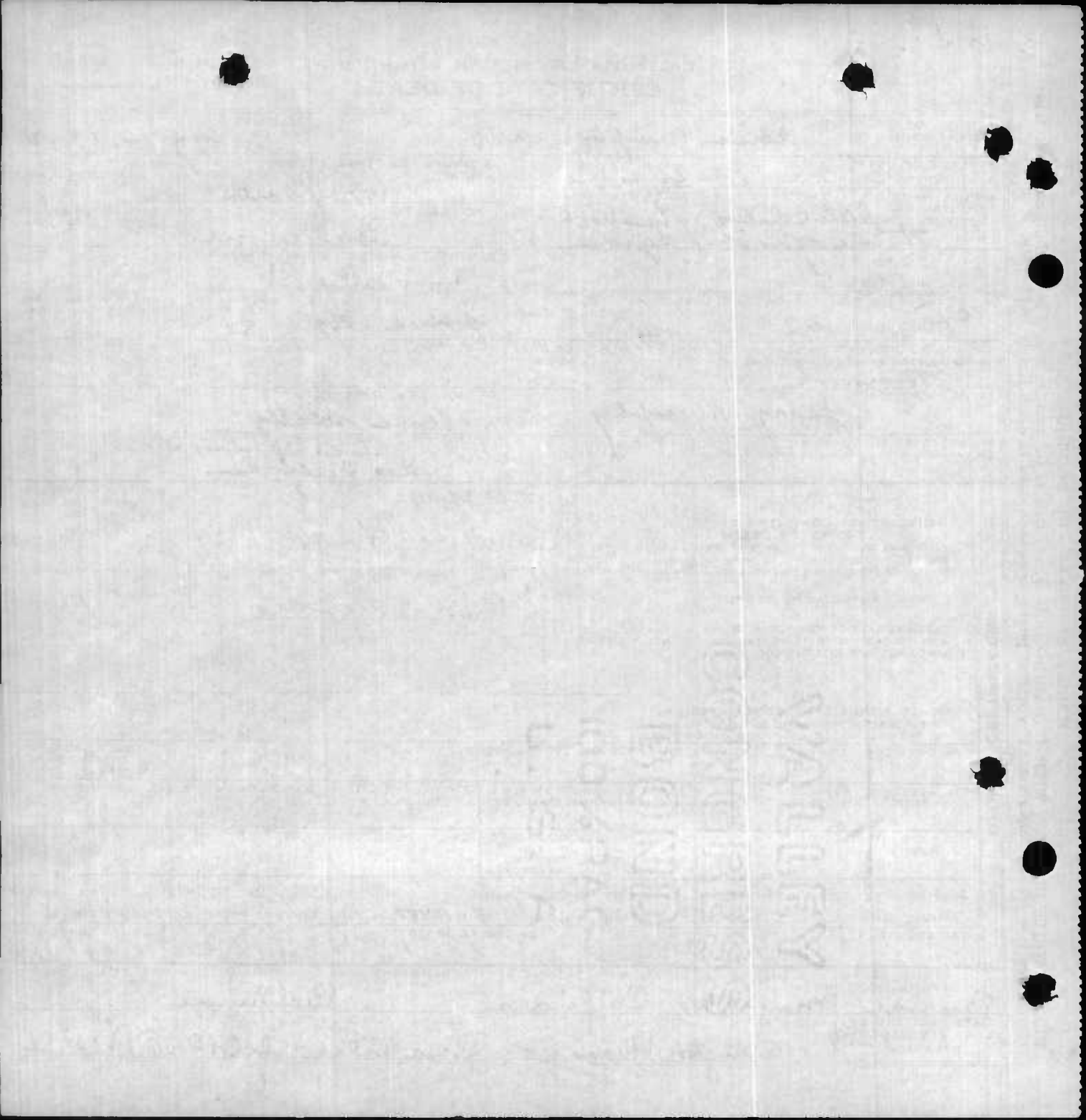
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*MAY 19 1950**Wilmington Williams, MD**Rita Wiedefeld 900 E. Biddle St*



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4519
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary E. Wiedefeld

2. DATE
OF
DEATH

May 16, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3206 Elgin Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Baltimore Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

00

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-07B

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3206 Elgin Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

B. DATE OF BIRTH

Dec. 25, 1880

9. AGE (In years;
last birthday)

69 70

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

Housekeeper

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Henry C. Wiedefeld

14. MOTHER'S MAIDEN NAME

Deborah L. Burgan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Elizabeth G. Wiedefeld 3206 Elgin Ave

1B.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TOHypertensive Cardio-vascular
Disease with old coronary
Thromboses.

4 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) ...

Possible Intestinal Obstruction

2 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1947, to May 1950, that I last saw the
deceased alive on May 15, 1950, and that death occurred at 3 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. H. Kammer, Jr.

M. D.

23B. ADDRESS

5015 Lenox Ave. May 16, 1950

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May, 19, 1950

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county) (State)

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAY 19 1950

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Philip Herwig 2024 Orleans St

VS 150

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100% A
BOND

WATLEY
66-10-133

100% A

100% A

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 50 4520

BIRTH NO. 50 4520

1. NAME OF DECEASED
(Type or Print)

FRANCIS L. HEALY

2. DATE
OF
DEATH

May 18, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1008 E. Chase Street

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

City of Balto

8. DATE OF BIRTH

10/8/1893

9. AGE (In years last birthday)

56

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Balto Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Dennis E. Nealy

14. MOTHER'S MAIDEN NAME

Catherine Burns

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

U. W. #1

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Thos. J. Nealy 1822 E. Belvedere Ave

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Coronary sclerosis

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

H. J. McCafferty

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

May 18, 1950

24A. DATE OF REMOVAL (Specify)

5/22/50

24B. DATE

5/22/50

24C. NAME OF CEMETERY OR CREMATORY

National

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 19 1950

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

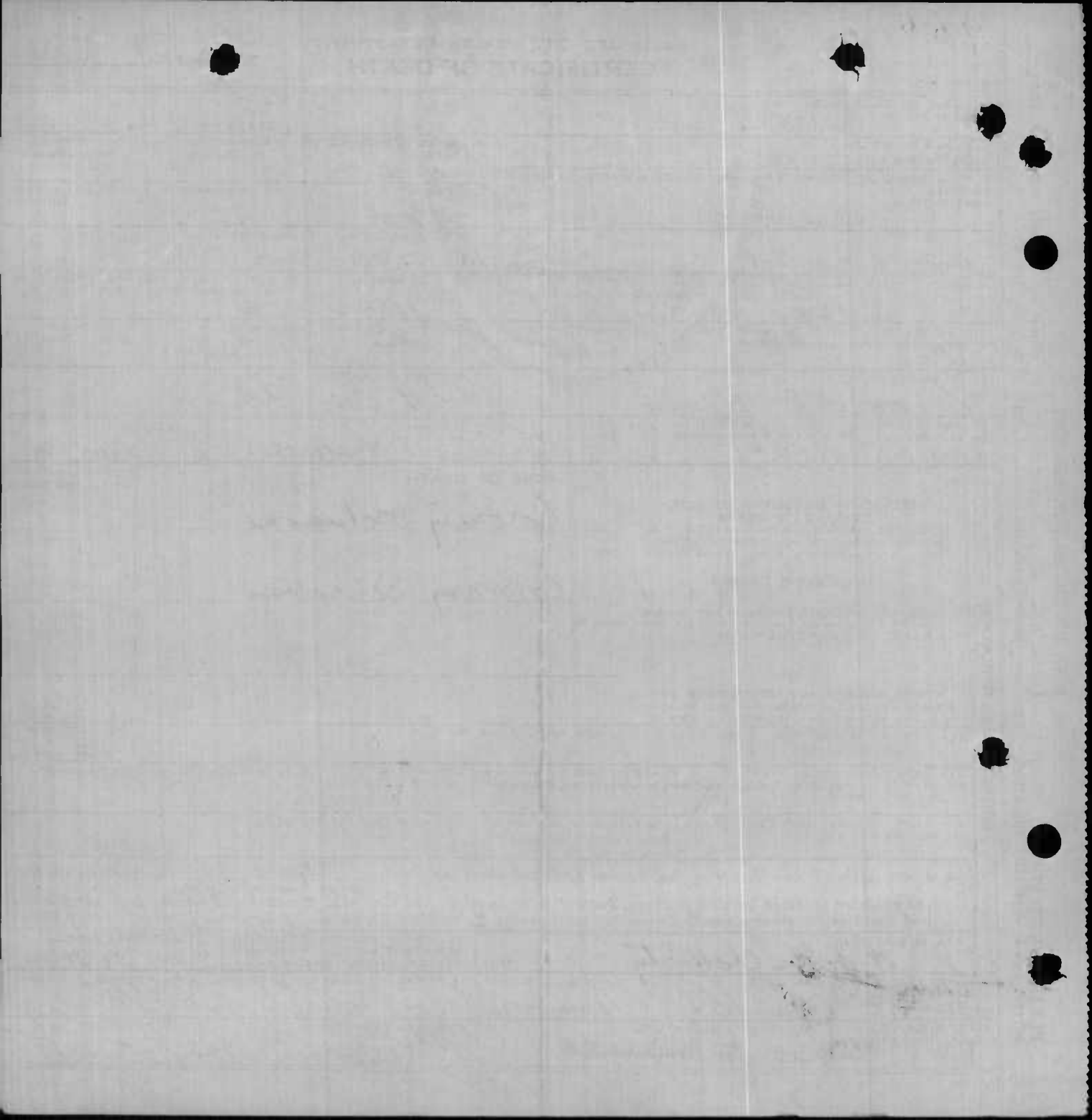
1217 E. Ford St

ADDRESS

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MORRIS WALDER

2. DATE
OF
DEATH

5/17/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

00 5860 Belair Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-04A

D. STREET ADDRESS (If rural, give location)

5860 Belair Rd.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1886

9. AGE (in years
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Owner

10B. KIND OF BUSINESS OR INDUSTRY

Rest.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jacob Walder

14. MOTHER'S MAIDEN NAME

Elizabeth Lease

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Grace Walder 5860 Belair Rd.

ADDRESS

18. 434.3

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Emphysema
DUE TO
(B) Chronic Bronchitis - COR
DUE TO
(C) Pulmonary

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1948 to May 17, 1950, that I last saw the deceased alive on June 19, 1948, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Louis Krause M. D.

23B. ADDRESS

1116 Chase St -

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/19/50

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wierfeld & Son

ADDRESS

GREENMOUNT AVE & 22ND

VS 150

15671

95c

7

WALL

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4522
Registered No. 50 4522

416
50 4522
BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Coulbourn, Mr. Benjamin F.

2. DATE
OF
DEATH

5-17-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Church Home & Hosp.

C. CITY OR TOWN (If outside corporate limits, write FULL and give township)
Baltimore 18 9-06

D. STREET ADDRESS (If rural, give location)
2708 Trivoly

c. Length of stay in Baltimore 10

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Sept. 10, 1898

9. AGE (In years last birthday)

5-8

10. Under 1 Year 11. Under 24 Hours
Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Carpenter

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Delaware

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Benjamin J. Coulbourn

14. MOTHER'S MAIDEN NAME

Virginia B. Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
219-10-2732

17. INFORMANT

ADDRESS

Mrs. Grace Coulbourn 2708 Trivoly

18. 330 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Subarachnoid Hemorrhage 17 hrs

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-16-50, 1950 to 5-17, 1950 that I last saw the deceased alive on 5-17, 1950, and that death occurred at 1:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Ronald J. Leaton

23B. ADDRESS

Church Home & Hosp. 5-17-50

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 19 1950

Truington Williams, M.D.

30819 83a

219-10-1732

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

VS 150

G 250

GAKEN

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4523

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) *William Gaken* 2. DATE OF DEATH *May 17-50*

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE *Md.* B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION *6207 Hopeton Ave.* C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Balto. 27-20*

D. STREET ADDRESS (If rural, give location) *6207 Hopeton Ave* c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____

5. SEX *Male* 6. COLOR OR RACE *White* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Widower* 8. DATE OF BIRTH *Mar. 5-1874* 9. AGE (In years last birthday) *76* 10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____

10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) *Carpenter* 10B. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) *Balto. Md.* 12. CITIZEN OF WHAT COUNTRY? _____

13. FATHER'S NAME *Wm. Hopeton Ave.* 14. MOTHER'S MAIDEN NAME *Not Known*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT *Gertrude Zemon* ADDRESS *6207 Hopeton Ave*

18. *332X I* CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) *cerebral thrombosis* (A) _____ DUE TO _____ 9wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. *arteriosclerosis* (B) _____ DUE TO _____ 20 yrs?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. *Ulcer decubitus* (C) _____ 7wks

19A. DATE OF OPERATION *0* 19B. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____ 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____ 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from *Dec. 1949* to *May 16, 1950*, that I last saw the deceased alive on *May 16, 1950*, and that death occurred at *8:30 p.m.*, from the causes and on the date stated above.

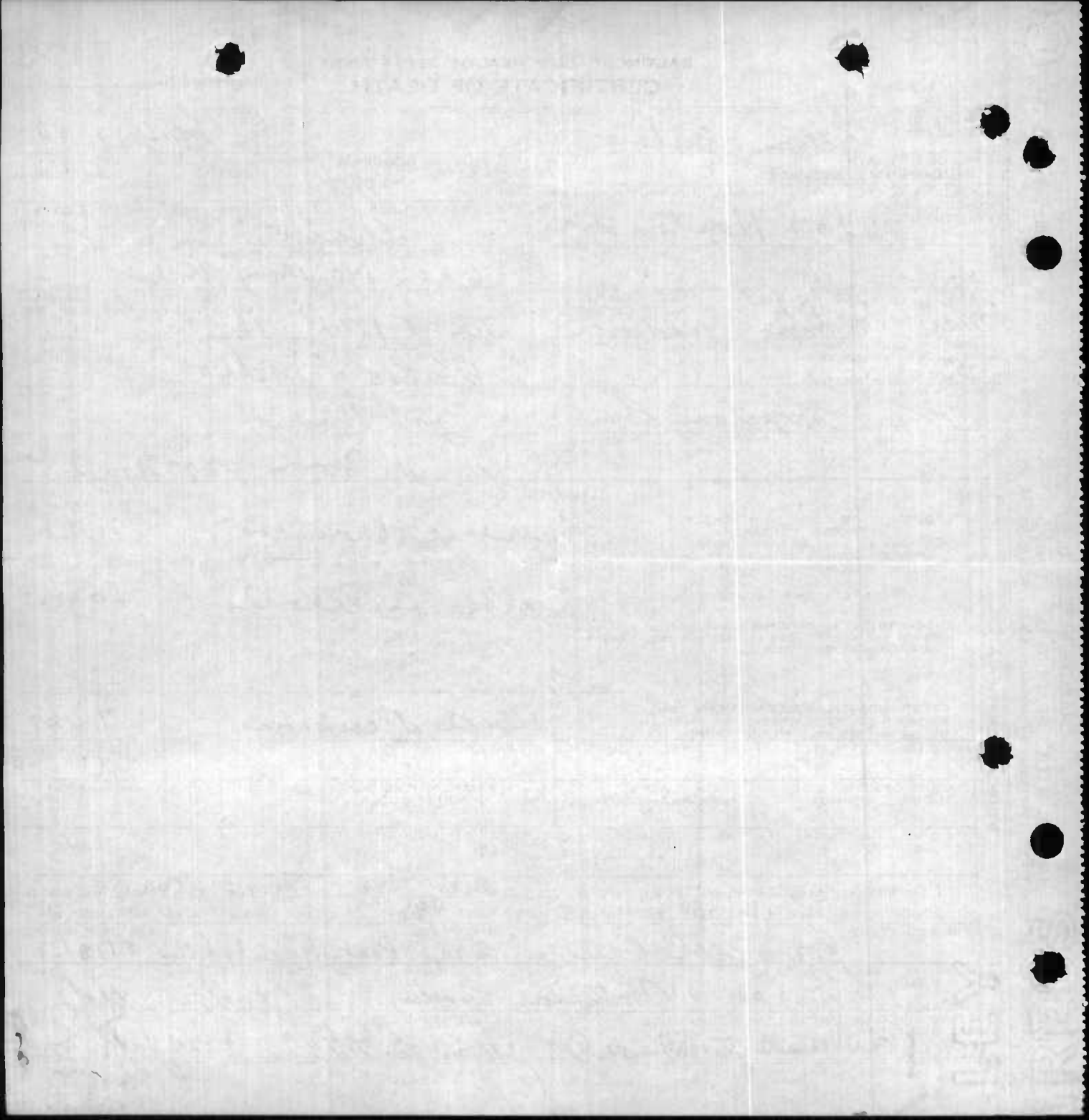
23A. SIGNATURE *Joseph H. Cohen* M. D. 23B. ADDRESS *5901 Park Heights Ave.* 23C. DATE SIGNED *5/18/50*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *May 20-50* 24C. NAME OF CEMETERY OR CREMATORY *Baltimore Cemetery* 24D. LOCATION (City, town, or county) (State) *Balto. Md.*

DATE RECEIVED BY LOCAL REGISTRAR *MAY 19 1950* REGISTRAR'S SIGNATURE *Wm. H. Williams* 25. FUNERAL DIRECTOR *John H. Miller* ADDRESS *2334 Jefferson St.*

VS 150

836



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4524

Registered No. _____

BIRTH NO. _____

NAME OF DECEASED
(Type or Print)

GEORGIA MARROTT EDWARDS

2. DATE
OF
DEATH

May 16, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 1240 N. BroadwayC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 8-07D. STREET ADDRESS (If rural, give location)
1240 N. Broadway

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Oct. 13, 1870

9. AGE (In years last birthday)

79

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Blake

14. MOTHER'S MAIDEN NAME

Flavilla Marrott

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. E. K. Edwards, Jr. 1820 E. 31st St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

(A) Chronic Myocardial heart disease

4 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) Arteriosclerosis

6 yrs.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 5, 1946 to May 16, 1950 that I last saw the deceased alive on May 15, 1950, and that death occurred at 6 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Ches. H. Hines

M. D.

23B. ADDRESS

Chester Md.

23C. DATE SIGNED

5/17/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/18/50

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 19 1950

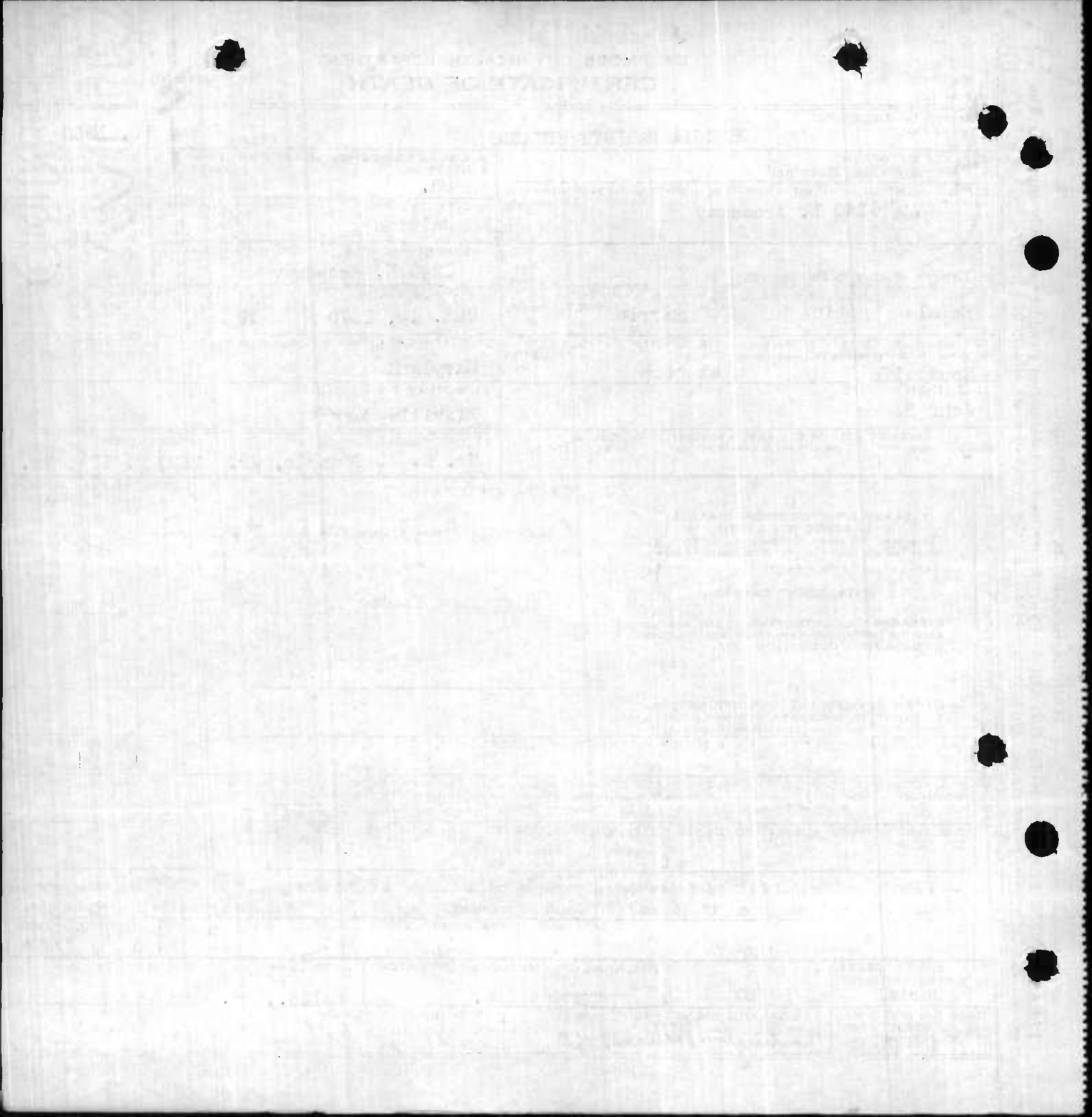
REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Dickner & Son - Balto Md

ADDRESS



P-400 50 4525

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4525

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Maggie

Pulley

2. DATE
OF DEATH May 18, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

923 Leadenhall St.

c. Length of stay in Baltimore

5. SEX

FEMALE

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

10/21/1904

9. AGE (In years last birthday)

45

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mary Hunt-920-Leadenhall Street

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive heart disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Ing. thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R S Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
May 18, 195024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/22/50

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Ct

24D. LOCATION (City, town, or county) (State)

Annie Arundel Co., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. L. Brown & Son - Montgomery St

ADDRESS

108 W

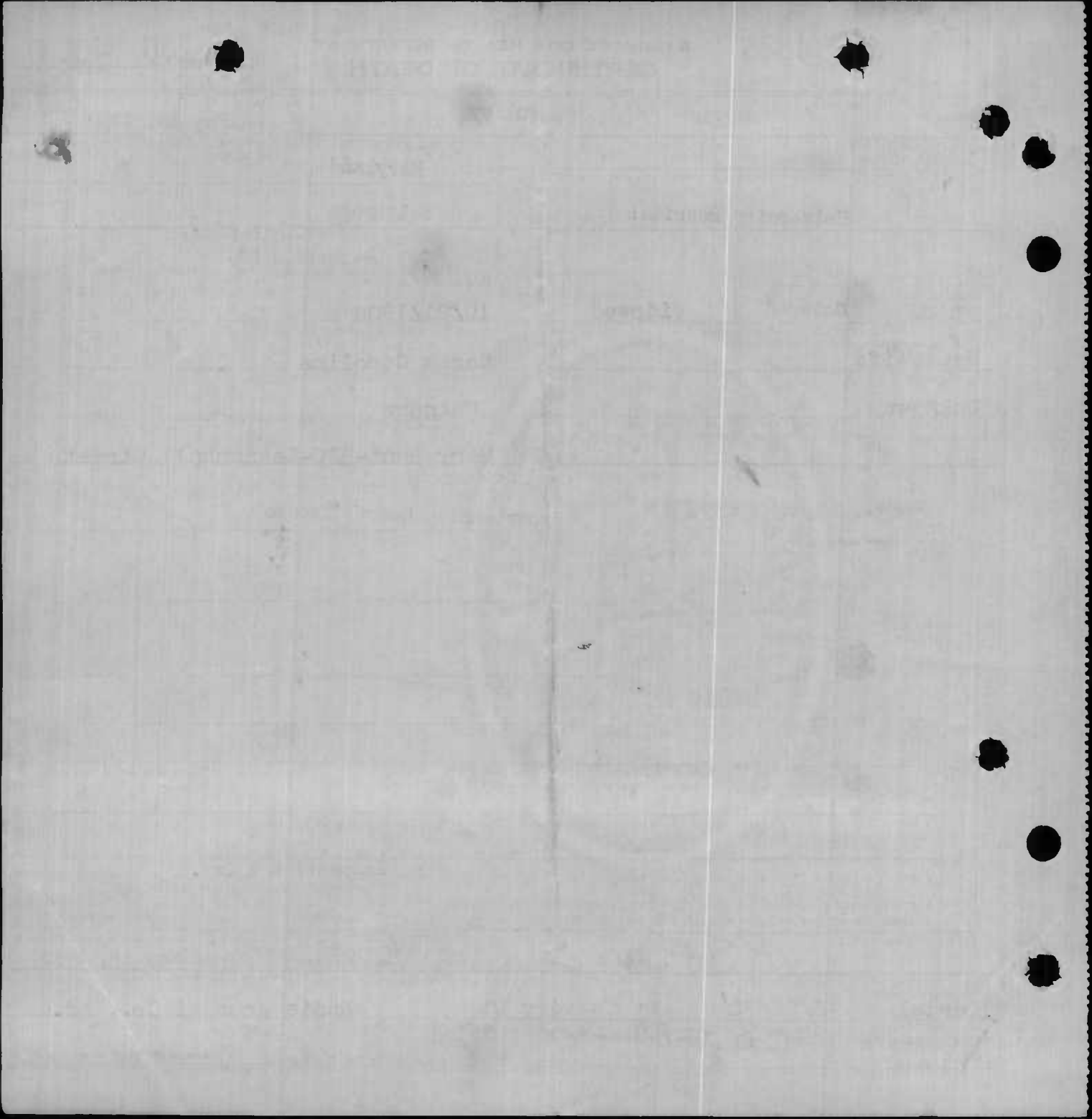
MAY 19 1950

VS 151

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



5615

50 4526

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4526
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Louise Gredner Grabner</i>			2. DATE OF DEATH <i>May 19-1960</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland.</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Franklin Square Hospital.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>26-10</i>		
c. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>			D. STREET ADDRESS (If rural, give location) <i>144 S. Bouldin St.</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married.</i>	8. DATE OF BIRTH <i>6/6/1877</i>	9. AGE (In years last birthday) <i>72 73</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			11. BIRTHPLACE (State or foreign country) <i>Maryland.</i>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Julius Zippling.</i>			14. MOTHER'S MAIDEN NAME <i>Mary Schumacher</i> <i>Annabette Schneider</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, oo or oookoowz) (If yes, give war or dates of service) <i>No.</i>			17. INFORMANT ADDRESS <i>Annabette Schneider - 144 S. Bouldin</i>		
16. SOCIAL SECURITY NO.					

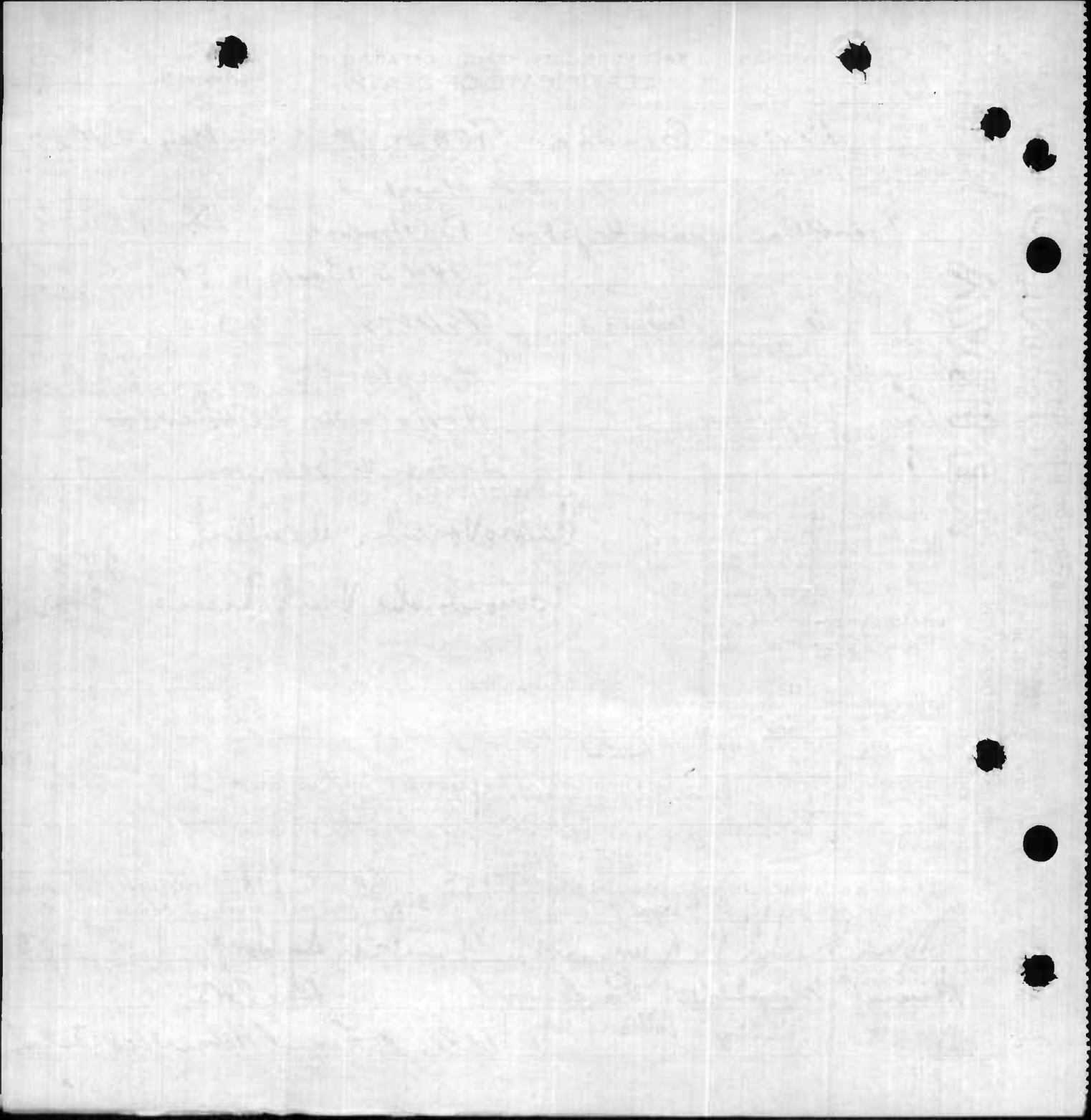
18. <i>470.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	CAUSE OF DEATH <i>Coronary Vascular Accident</i>		INTERVAL BETWEEN ONSET AND DEATH <i>24 hrs</i>
	(B) <i>Arteriosclerotic Heart Disease</i> DUE TO		
	(C)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>5/19/60</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5/17</i> , 19 <i>60</i> to <i>5/19</i> , 19 <i>60</i> that I last saw the deceased alive on <i>5/19</i> , 19 <i>60</i> and that death occurred at <i>1:30</i> A.M., from the causes and on the date stated above.					
23A. SIGNATURE <i>Michael R. Remond</i>		23B. ADDRESS <i>Franklin Sq. Hops</i>		23C. DATE SIGNED <i>5/19/60</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>May 22/60</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>	
24D. LOCATION (City, town, or county) <i>Baltimore</i>		24E. LOCATION (State) <i>Md</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 19 1960</i>		REGISTRAR'S SIGNATURE <i>William M. Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Ullrich Funeral Home 2008 Ocala</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **50 4527**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUIS

COX

2. DATE OF DEATH **May 16, 1950**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**
B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

C. Length of stay in Baltimore **30**

D. STREET ADDRESS (If rural, give location)
318 Myrtle Avenue

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

Male

Colored

Widowed

7 7 1870

80

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Laborer

Odd jobs

N.C.

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

no

none

none

Mrs. Hleum -

18. **422-1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Myocardial insufficiency**
DUE TO **arteriosclerotic cardiovascular disease**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 19 1950

Thurston Williams, M.D.

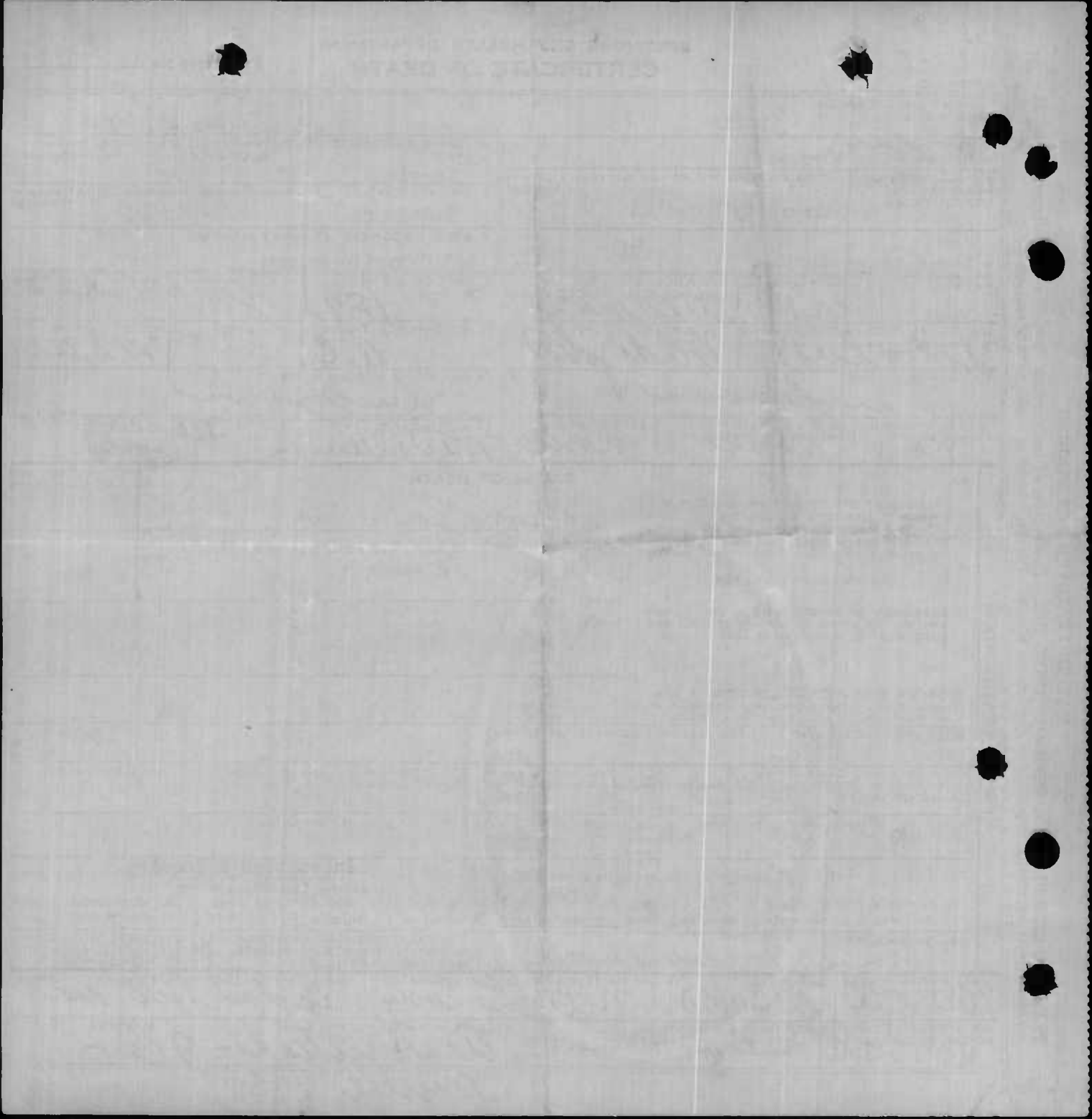
W. A. Salsstead - 918 -

VS 151

Myrtle Ave. 937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **50 4528**

BIRTH NO.

NAME OF DECEASED
(Type or Print)

2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

123 - W. Montgomery St.

D. STREET ADDRESS (If rural, give location)

123 - W. Montgomery

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years, last birthday)

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

002X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

4 mo.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **May 11, 1950**, to **May 15, 1950**, that I last saw the deceased alive on **May 15, 1950** and that death occurred at **11:45 A.M.** from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 19 1950

Walter J. Williams, M.D.

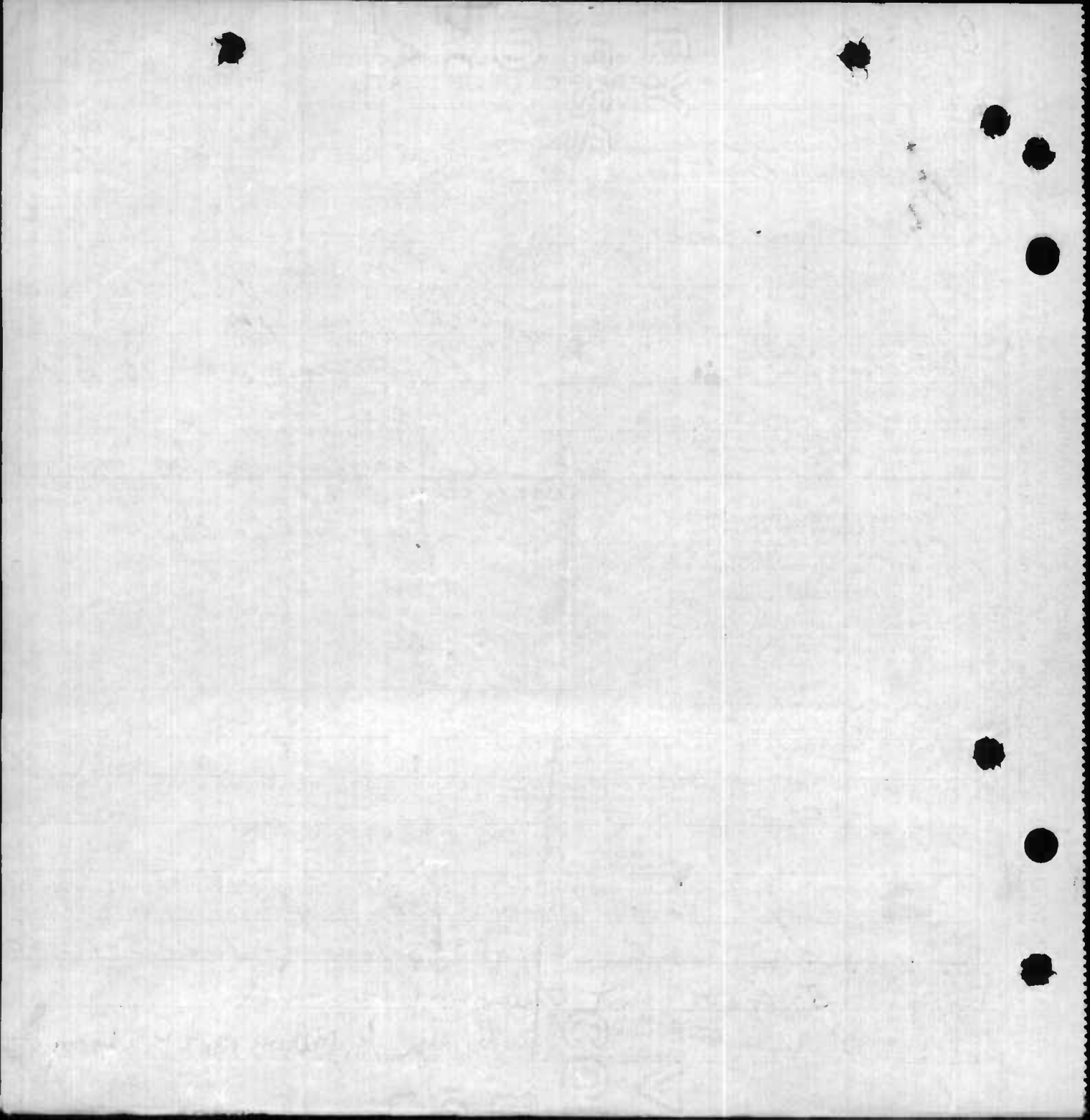
George H. Nelson 1303 Prentiss St

VS 150

13B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



M-254-3 4529

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4529
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FLORENCE

McCLOUD

2. DATE
OF DEATH May 18, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Baltimore City Hospital4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MarylandC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 6-04D. STREET ADDRESS (If rural, give location)
2016 E. Baltimore Street

c. Length of stay in Baltimore 2 yrs.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

2-22-1898

9. AGE (In years
last birthday)

5-2

If Under 1 Year
Months DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Robert Pestermann

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

Oscar McCLOUD

ADDRESS

Balto, Md.

18. 4 yrs. 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Arteriosclerotic Cardiovascular Disease
with myocardial insufficiency

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dunbar, M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

May 19, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-22-1950

24C. NAME OF CEMETERY OR CREMATORY

Haweswell

24D. LOCATION (City, town, or county)

Port Deposit, Md. Rural.

DATE RECEIVED BY
MEDICAL REGISTRAR

MAY 19 1950

REGISTRAR'S SIGNATURE

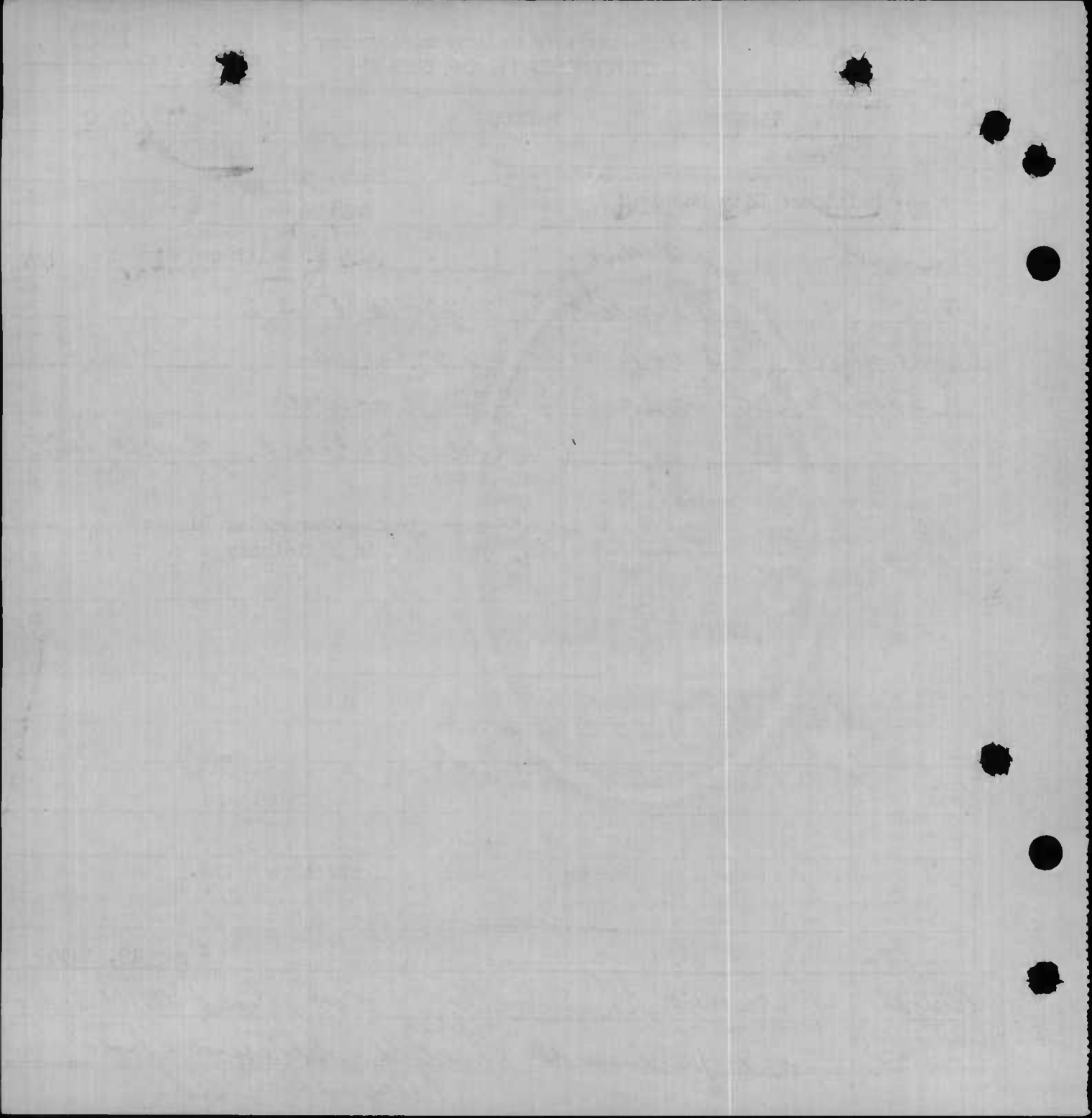
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Lee A. Patterson & Son

ADDRESS

Terraville, Md 937



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 4530BIRTH NO. 50 45301. NAME OF DECEASED
(Type or Print)Harry E. Sanders2. DATE
OF
DEATHMay 16, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2666 Lehman St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 20-05

D. STREET ADDRESS (If rural, give location)

2666 Lehman St

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec-8-1890

9. AGE (In years last birthday)

59

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Watchman

10B. KIND OF BUSINESS OR INDUSTRY

Teachers Bldg

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

James P. Sanders

14. MOTHER'S MAIDEN NAME

Rennie E. Singer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

YesWW I

16. SOCIAL SECURITY NO.

EN-03-2919-Edna M. Miller-Sam

17. INFORMANT

ADDRESS

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm. H. Kammer, D.M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

May 16, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/19/50

24C. NAME OF CEMETERY OR CREMATORY

London Park Bldg - West

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 19 1950

REGISTRAR'S SIGNATURE

Wm. H. Kammer, D.M.D.

25. FUNERAL DIRECTOR

W. H. Kammer & Son

ADDRESS

940 E. ...

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4531

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Leander Shader

2. DATE
OF
DEATH

5/18/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 25-01A

D. STREET ADDRESS (If rural, give location)

4403 Frederick Ave.

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 9, 1885

9. AGE (In years
last birthday)

65

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Teacher

10B. KIND OF BUSINESS OR
INDUSTRY

Xaverian Brothers

11. BIRTHPLACE (State or foreign country)

Kentucky

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Ezra Shader

14. MOTHER'S MAIDEN NAME

M. Hayden

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Brother Bartholomew

ADDRESS

4403 Frederick Ave.

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Congestive heart failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic CVD

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

? yrs

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary Emphysema

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/13 1950 to 5/18, 1950, that I last saw the
deceased alive on 5/18, 1950 and that death occurred at 9:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Robert J. Brickas

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

5/18/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5/20/50

24C. NAME OF CEMETERY OR CREMATORY

New Catholic City

24D. LOCATION (City, town, or county)

Baltimore

(State)

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Charles T. Evans & Son, Inc.

118 Mt. Royal Ave.

MAY 19 1950

VS 150

134/91

3/20/20

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **50 4532**BIRTH NO. **425**1. NAME OF DECEASED
(Type or Print)

William

WILSON

2. DATE
OF
DEATH

May 15, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

22-02

D. STREET ADDRESS (If rural, give location)

712 Sharp St.

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

11-13-1917

32

AGE (In years last birthday)

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Car Washer

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Frank Wilson

14. MOTHER'S M maiden NAME

Herby Latimer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Estelle Wilson

ADDRESS

1013 Sharp St.

18. E882.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Carbon tetrachloride poisoning

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Chronic alcoholism

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

712 Sharp St.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

May 15, 1950 ?

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

alcoholic beverage

Ingestion of carbon tetrachloride as

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

A. J. McCafferty

23B. CHIEF MEDICAL EXAMINER.....

M.D.

23C. DATE SIGNED

May 16, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-19-50

24C. NAME OF CEMETERY OR CREMATORY

Concord No. Carolina

24D. LOCATION (City, town, or county)

No. C.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 19 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W. B. Spragg - 139 W. H. H. St.

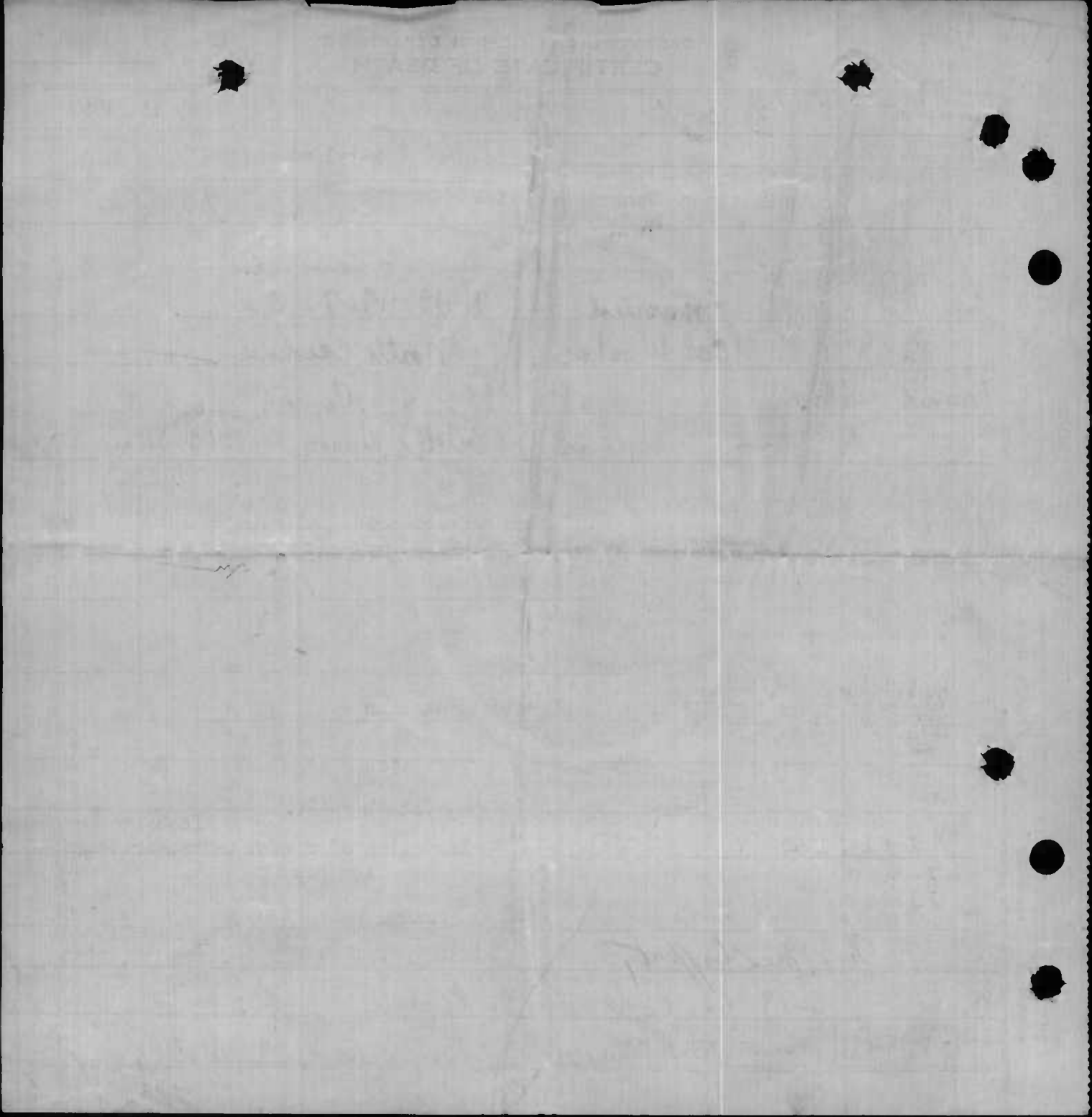
VS 151

N-963.0

90284

179X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



J-525
50 4533

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4533
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) HOWARD JOHNSON		2. DATE OF DEATH May 17, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 11-03			
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Maryland General Hospital.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 438 Orchard Street			
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Nov. 18, 1897	9. AGE (In years last birthday) 52 (mp)	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Taxitor		10B. KIND OF BUSINESS OR INDUSTRY Apt. House		11. BIRTHPLACE (State or foreign country) St. Marys Co. Md. U.S.A.	
13. FATHER'S NAME Tilman Johnson		14. MOTHER'S MAIDEN NAME Georgiana Peters			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Nora Cooper 438 Geo. St.	

18. 421.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial insufficiency DUE TO valvular heart disease		INTERVAL BETWEEN ONSET AND DEATH
(A) Myocardial insufficiency DUE TO valvular heart disease		
(B) DUE TO		
19. 421.4 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley H. Decker M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/>		23C. DATE SIGNED May 17, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-20-1950		24C. NAME OF CEMETERY OR CREMATORY W. T. Auburn Cem	
24D. LOCATION (City, town, or county) (State) Balto Md.		25. FUNERAL DIRECTOR Wm. H. Williams		ADDRESS 322	
DATE RECEIVED BY LOCAL REGISTRAR MAY 19 1950		REGISTRAR'S SIGNATURE Wm. H. Williams		25. FUNERAL DIRECTOR Wm. H. Williams	

74081

92.7 ✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATION

MEDICAL



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **50 4534**

BIRTH NO.

NAME OF DECEASED
(Type or Print)**LAMB MILLER**2. DATE
OF
DEATH**May 17, 1950**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore**11-04**

D. STREET ADDRESS (If rural, give location)

1220 McCulloh St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

1220 McCulloh St.Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 15, 1887

9. AGE (In years last birthday)

6210 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Waiter

10B. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

South Carolina

12. CITIZEN OF WHAT COUNTRY?

U. S. A

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Mahtilda Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Sarah Miller 537 W. Lafayette

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Politis Hypertension**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

**My admission March 23, 50
May 17, 50**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **March 23, 1950**, to **May 17, 1950**, that I last saw the deceased alive on **May 17, 1950**, and that death occurred at **8 p. m.**, from the causes and on the date stated above.

23A. SIGNATURE

H. Stewart

M. D.

23B. ADDRESS

632 W. Frankford

23C. DATE SIGNED

May 18, 50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-21-50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

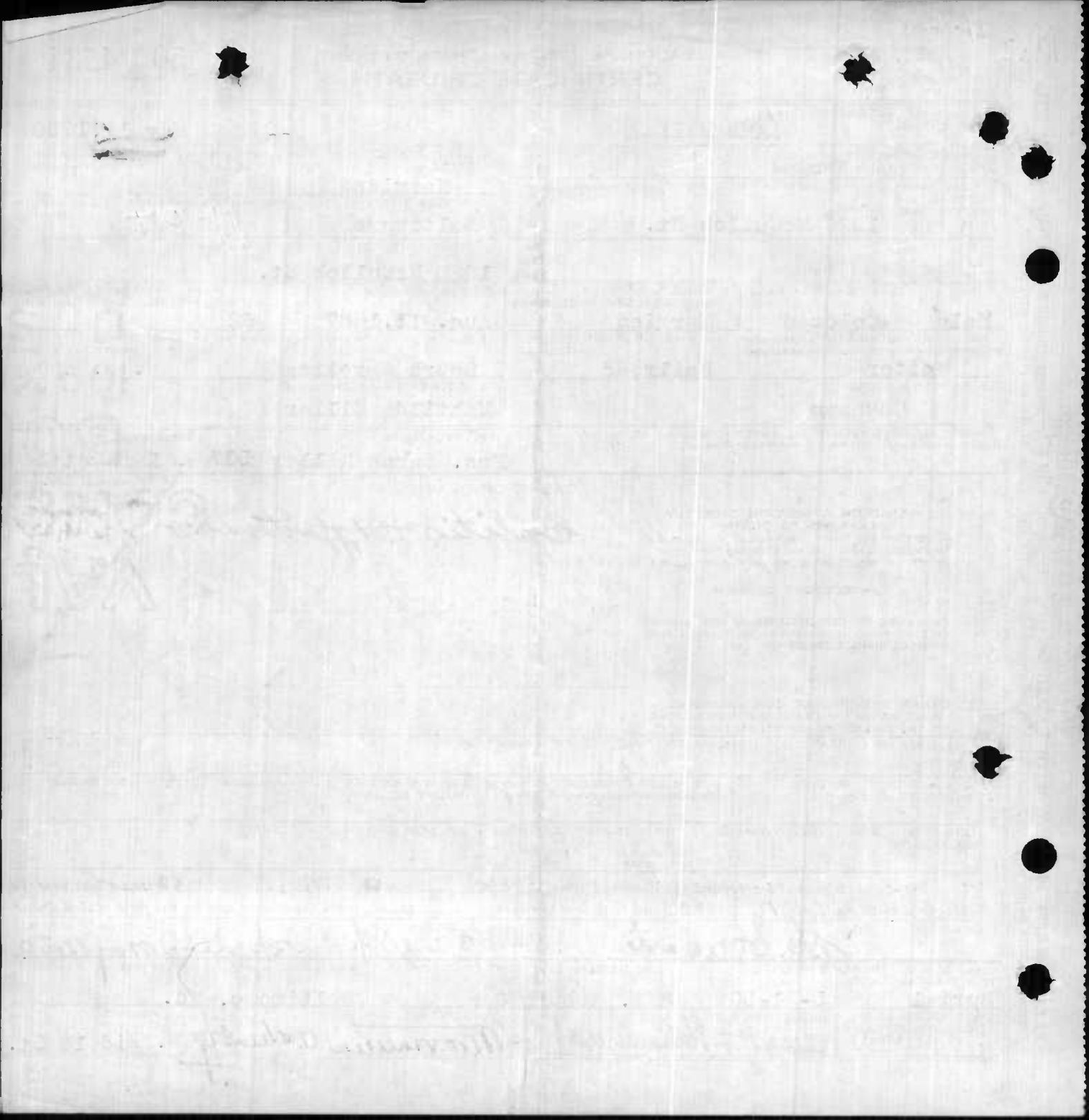
ADDRESS

Mrs. Frances A. Hunter W. Biddle St.

VS 150

78047

120a



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4535
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARTHA EDWINA CHASE POSTELL

2. DATE
OF
DEATH

5/19/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

St. Agnes

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

40 St. Agnes Hosp.

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Nov. 9, 1920

9. AGE (In years
last birthday)

29 yrs.

10. Under 1 Year
Months Days

11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

florist

10B. KIND OF BUSINESS OR
INDUSTRY

florist

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Chase B. Postell

14. MOTHER'S MAIDEN NAME

Martha

Sue Hartsfield

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

-

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Betty H. Thomas

ADDRESS
Thomasville, Ga.

907 N. Dawson St.

18. 510.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

Cerebral Anoxemia -
Acute Laryngospasm
Pentothal Anesthesia

Congenital deformity of cervical
vertebrae, shoulders neck & mouth

INTERVAL BETWEEN
ONSET AND DEATH

CERTIFICATION APPROVED BY

For: C. J. Lubinski,

Stanley H. Dambach, M.D.

CHIEF OF MED. MEDICAL EXAMINER.

19A. DATE OF OPERATION

5/19/50

19B. MAJOR FINDINGS OF OPERATION

Recurrent Tonsillar Tissue; Ankylosis of Mandible

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Hospital

21C. WHERE DID (If in Baltimore City, give exact location)

St. Agnes Hosp. - Wilkens Ave. & Caton A.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

May 19, 1950

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Ingestion of pentothal anesthesia

22. I hereby certify that I attended the deceased from 5/18, 1950, to 5/19, 1950, that I last saw the
deceased alive on 5/19, 1950, and that death occurred at 10:00 Am., from the causes and on the date stated above.

23A. SIGNATURE

Walter J. Beravert

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

5/19/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

5/19/50

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Gainsville, Fla.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 19 1950

REGISTRAR'S SIGNATURE

Wm. J. Ticken & Sons

25. FUNERAL DIRECTOR

Wm. J. Ticken & Sons

ADDRESS

115c Md.

To be approved by Medical Examiner

115c Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

and then 30, 3000

CO-2-3-2

AD-1-1

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4536

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

3

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Solomon Finkembinder

14. MOTHER'S MAIDEN NAME

Emma ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 416 X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH(A) Rheumatic heart disease Unknown
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/16 1950, to 5/19 1950, that I last saw the
deceased alive on 5/19 1950 and that death occurred at 7:10 A.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE/SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

5/22/50

East Harrisburg

Harrisburg Pa.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 19 1950

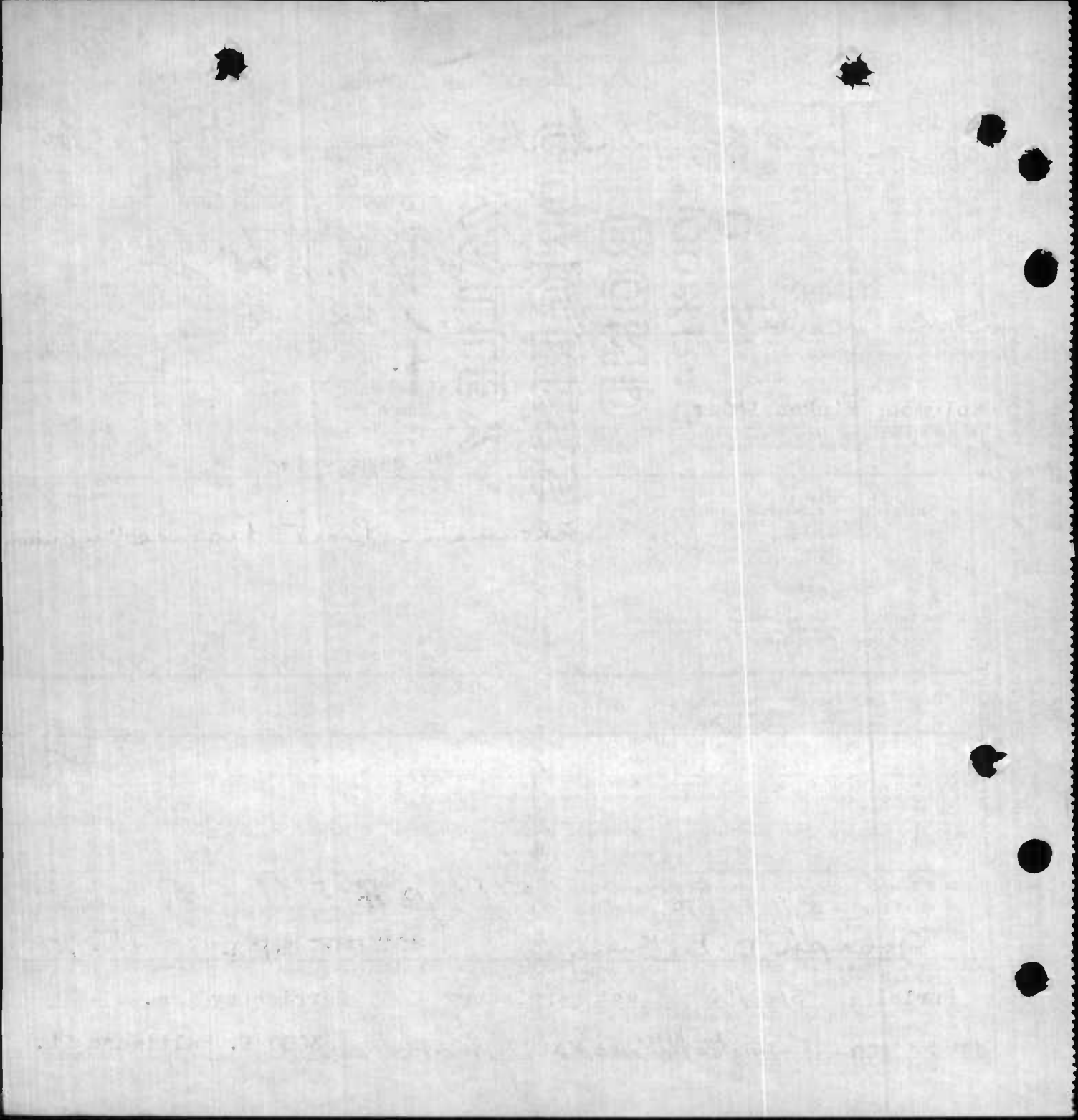
VS 150

Huntington Williams, M.D.

John A. Moran

3000 E. Baltimore St.

95B



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

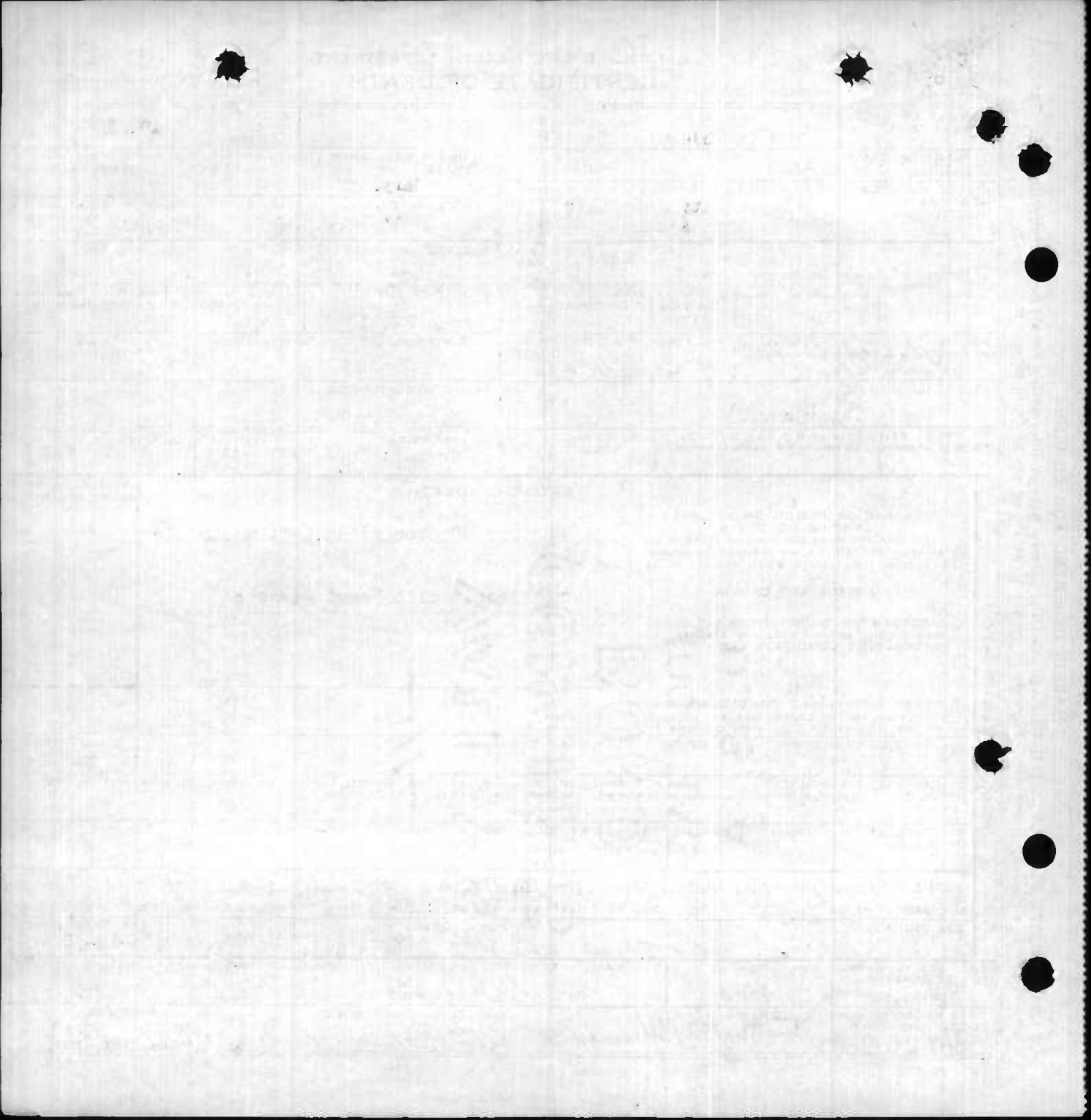
Registered No. **50 4537**

550
IC
501954537
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Louis Thiemann			2. DATE OF DEATH May 19, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-01		
c. Length of stay in Baltimore Life Yrs. Life Mos. Life Days			D. STREET ADDRESS (If rural, give location) 140 N. East Ave.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 20, 1873	9. AGE (In years last birthday) 76	10. Under 1 Year Months: 76 Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Clerk			10B. KIND OF BUSINESS OR INDUSTRY McCrnick & Co		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Louis Thiemann (D)			14. MOTHER'S MAIDEN NAME Marie Brenneis (D)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Records: Baltimore City Hospitals 4940 Eastern Ave.			ADDRESS		

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Rupture of myocardium, left ventricle DUE TO Arteriosclerotic Heart Disease DUE TO Arteriosclerotic Heart Disease DUE TO Arteriosclerotic Heart Disease	INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic Heart Disease	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 4/20/50		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 30 , 1940, to May 19 , 1950, that I last saw the deceased alive on May 19 , 1950, and that death occurred at 8:10 AM , from the causes and on the date stated above.					
23A. SIGNATURE A. J. Rogers M. D.		23B. ADDRESS Baltimore City Hospitals 4940 Eastern Ave.		23C. DATE SIGNED 5-19-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/22/50		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) (State) Balto. Md.		24E. NAME OF CEMETERY OR CREMATORY Holy Redeemer		24F. LOCATION (City, town, or county) (State) Balto. Md.	
25. FUNERAL DIRECTOR Wm. Gork, Inc. 1217 St. Paul St.		25. FUNERAL DIRECTOR Wm. Gork, Inc. 1217 St. Paul St.		25. FUNERAL DIRECTOR Wm. Gork, Inc. 1217 St. Paul St.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4538

5-162
50 4538
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>William Oliver Sparklin</i>			2. DATE OF DEATH <i>May 19 1950</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2706 Riggs Ave</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 16-07</i>		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>2706 Riggs Ave</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE-MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>11/5/1861</i>		9. AGE (In years last birthday) <i>88</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Salesman</i>	11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Barton Sparklin</i>			14. MOTHER'S MAIDEN NAME <i>Ruth Ann Mott</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Barton A. Sparklin 1021 W. Lombard St.</i>		
18. <i>4201</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Occlusion</i> DUE TO ANTECEDENT CAUSES <i>Arteriosclerosis</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>II</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH <i>5 months</i>		
19A. DATE OF OPERATION <i>5/22/50</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>January 1945</i> to <i>May 19</i> , 1950, that I last saw the deceased alive on <i>May 19, 1950</i> and that death occurred at <i>2:30</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Lester A. Space</i>		23B. ADDRESS <i>2950 Edmondson Ave Baltimore Md.</i>		23C. DATE SIGNED <i>5/19/50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5/22/50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Moseland Park</i>	
24D. LOCATION (City, town, or county) (State) <i>Parkville Md.</i>		25. FUNERAL DIRECTOR <i>Wm Cook Inc. 1217 St. Paul St</i>		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 20 1950</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>			



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 50 4539
Registered No.

BIRTH NO. 50 4539			2. DATE OF DEATH May 17, 1950		
1. NAME OF DECEASED (Type or Print) ANITA BELL					
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) US Marine Hospital Wyman Pk. Drive & 31st St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-02		
c. Length of stay in Baltimore ? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1428 Madison Avenue		
5. SEX F	6. COLOR OR RACE col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH ? 1897	9. AGE (In years last birthday) 55	10 Under 1 Year Months: Days: 11 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Mary Margaret Cornish		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. ?	17. INFORMANT ADDRESS Records- US Marine Hospital, Balto, Md.		

18. 162X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of left lung with metastases to lung DUE TO	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH One Year
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO	(B)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO	(C)	

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar. 13, 1950, to May 17, 1950 that I last saw the deceased alive on May 17, 1950, and that death occurred at 6:30 Pm., from the causes and on the date stated above.					
23A. SIGNATURE D. W. Patrick, Medical Director M. D.		23B. ADDRESS US Marine Hospital, Balto, Md.		23C. DATE SIGNED 5/18/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/20/50		24C. NAME OF CEMETERY OR CREMATORY Mt Auburn	
24D. LOCATION (City, town, or county) Baltimore		24E. LOCATION (State) Md.		24F. DATE RECEIVED BY LOCAL REGISTRAR MAY 20 1950	
24G. REGISTRAR'S SIGNATURE		24H. FUNERAL DIRECTOR		24I. ADDRESS	
24J. REGISTRAR'S SIGNATURE		24K. FUNERAL DIRECTOR		24L. ADDRESS	

 Holland Funeral Home
1631 Druid Hill Ave.
475

K-400

KAHL

50 4540

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. 50 4540

1. NAME OF DECEASED (Type or Print) <i>George Henry Kahl Jr</i>		2. DATE OF DEATH <i>May 19 / 50</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>27-11</i>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <i>4813 Crowson ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>1</i> Yrs. <i>1</i> Mos. <i>1</i> Days		D. STREET ADDRESS (If rural, give location) <i>4813 Crowson Ave</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>Apr 6 1896</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Railroader</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Engineer</i>	9. AGE (In years last birthday) <i>54</i>
13. FATHER'S NAME <i>Geo. Henry Kahl</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>705-10-7094</i>	
17. INFORMANT <i>Mary Catherine Kahl</i>		ADDRESS <i>Same</i>	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Thrombosis</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerosis</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH <i>6 yrs</i>
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>19</i> to <i>May 19</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>May 19</i> , 19 <i>50</i> , and that death occurred at <i>5:30 p.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Samuel Morrison</i>		23B. ADDRESS <i>11 E. Chase St.</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>May 22 1950</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Rest Haven</i>		24D. LOCATION (City, town, or county) (State) <i>Hagerstown Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 20 1950</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Henry Winkler & Sons</i>		ADDRESS <i>495 York Rd</i>	

VS 150

32247

94a

MARGIN RESERVED FOR BINDING

MEDIC CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

801. Samuel Morrison
11 E. Chase St

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

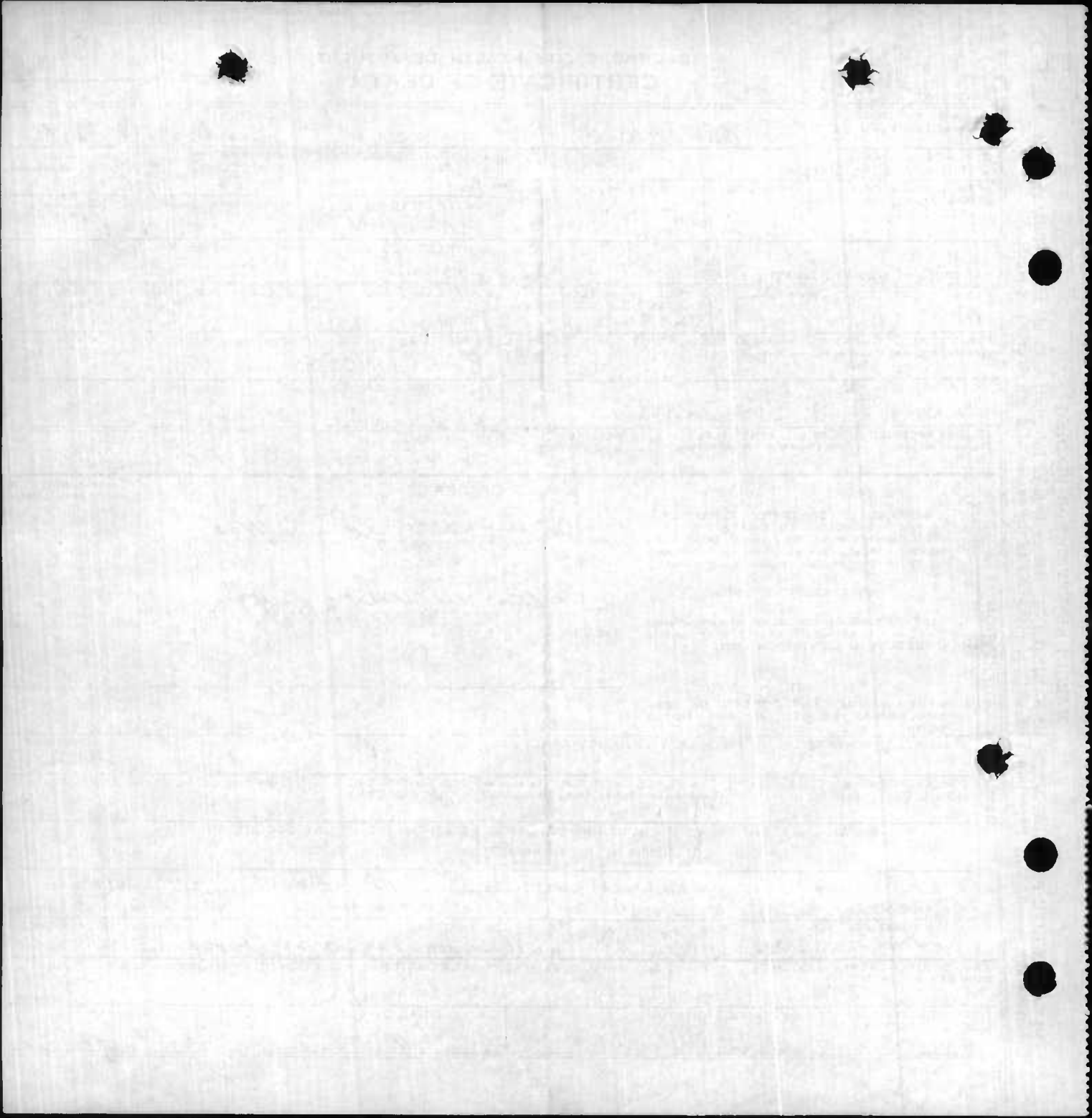
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4541
Registered No. _____

BIRTH NO. 50 4541 30-00656

1. NAME OF DECEASED (Type or Print) ALBERT J. BENJAMIN, JR			2. DATE OF DEATH May 18, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY Balto. City		
5. FULL NAME OF HOSPITAL OR INSTITUTION 44 Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore 4			D. STREET ADDRESS (If rural, give location) 901 BELGIAN		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) INFANT	8. DATE OF BIRTH JAN. 9, 1950		9. AGE (In years last birthday) 4
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) BALTIMORE		12. CITIZEN OF WHAT COUNTRY? —
13. FATHER'S NAME ALBERT J. BENJAMIN			14. MOTHER'S MAIDEN NAME JEAN ANN MASTERSON		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —		16. SOCIAL SECURITY NO. —	17. INFORMANT ADDRESS FATHER 901 Belgian AVE		

18. 475X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) acute laryngeal edema			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. upper respiratory infection					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from on May 18, 1950 , to May 18, 1950 , that I last saw the deceased alive on May 18, 1950 , and that death occurred at 7:18 A. M. , from the causes and on the date stated above.					
23A. SIGNATURE John G. Janelle Jr. M.D.		23B. ADDRESS Union Memorial Hosp.		23C. DATE SIGNED 5-18-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE May 21, 1950	24C. NAME OF CEMETERY OR CREMATORY Parsons	24D. LOCATION (City, town, or county) (State) Salisbury, Md.		
DATE RECEIVED BY LOCAL REGISTRAR MAY 20 1950	REGISTRAR'S SIGNATURE W. H. Williams	25. FUNERAL DIRECTOR John C. Mitchell		ADDRESS 1900 Cutaw Place	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4542

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Davis, Mary T.

2. DATE
OF
DEATH

18 May 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2204 Ruskin Ave.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 30, 1891

9. AGE (In years
last birthday)

58

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert N. Kirby

14. MOTHER'S MAIDEN NAME

Arcadia Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. George W. Davis 2204 Ruskin Ave.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

CAUSE OF DEATH

Phlebo-thrombosis, left leg

(B)

DUE TO

Squamous cell carcinoma of
right frontal sinus with invasion into
right frontal lobe

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

15 May 1950

19B. MAJOR FINDINGS OF OPERATION

Squamous cell Ca of right frontal sinus and orbit

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 April, 1950, to 18 May, 1950, that I last saw the
deceased alive on 18 May, 1950, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Jose A. Alvarez-de Chaudens

M. O.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

19 May 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

5/22/50

24C. NAME OF CEMETERY OR CREMATORY

Green Hill Cem.

24D. LOCATION (City, town, or county)

Waynesboro, Pa.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 20 1950

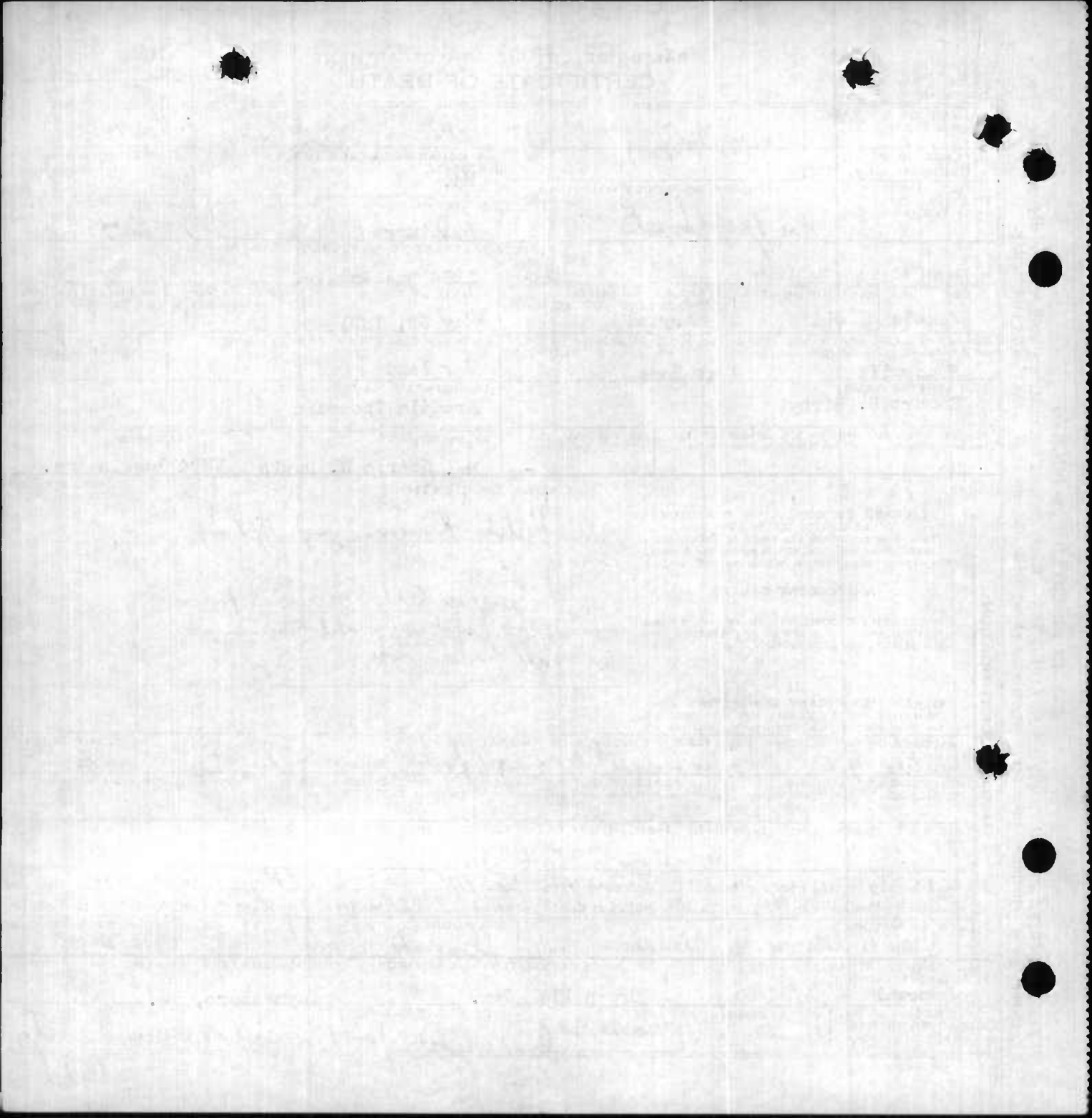
REGISTRAR'S SIGNATURE

Christington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Dickerson & Sons, Balto

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4543
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES JOSEPH URBAN

2. DATE
OF
DEATH

5/19/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Maryland General Hospital

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

APRIL 23 1882

9. AGE (In years
last birthday)

68

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

ACCOUNTANT

10B. KIND OF BUSINESS OR
Masonic Order

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

CHARLES URBAN

14. MOTHER'S MAIDEN NAME

ELIZABETH LINKER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

BETHA (WIFE) 3315 WALKBROOK AVE

18.

154X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Pulmonary Embolism

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Thrombosis iliac veins

(C)

Cancer

INTERVAL BETWEEN
ONSET AND DEATH

1 week

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

5-8-50

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of rectum

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-4 1950 to 5/19 1950, that I last saw the
deceased alive on 5-18 1950, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Richard G. Mark

M. D.

23B. ADDRESS

Maryland Kennel Club

23C. DATE SIGNED

5/19/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

5/22/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Baltg., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Pickens & Sons - Balto

ADDRESS

467 Md.

MAY 20 1950

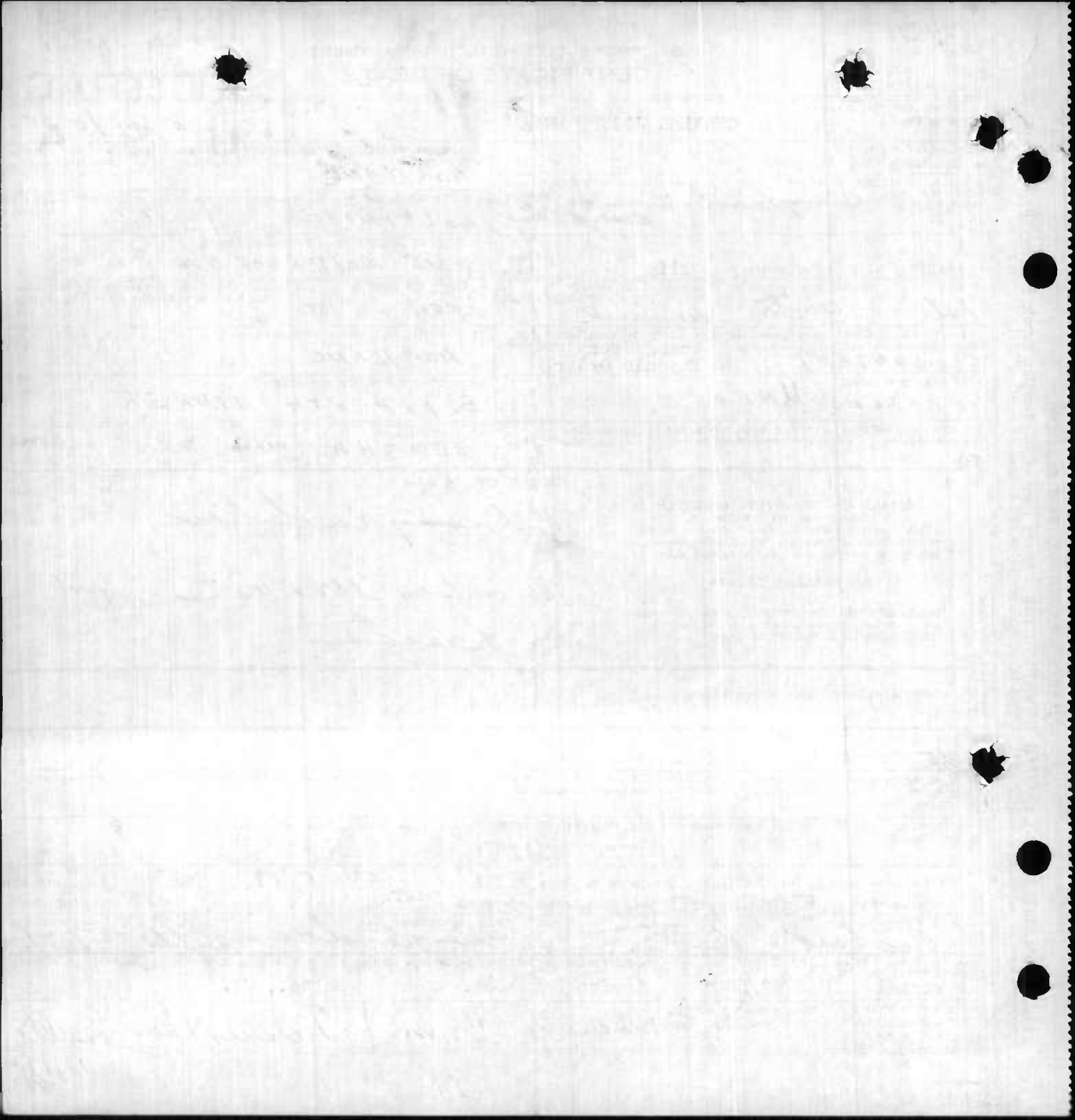
VS 150

21094

467 Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully studied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **50 4544**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RICHARD

E AYERS

2. DATE
OF
DEATH

May 18, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Baltimore City Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

O'Donnell Heights

26-06

D. STREET ADDRESS (If rural, give location)

6211 Plantview Way

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

Male

White

single

Dec. 3, 1933

16

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Helper

Ice Truck

Baltimore

13. FATHER'S NAME

James E.

14. MOTHER'S MAIDEN NAME

Esther E. Feller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Ester E. Feller 6212 Plantview Way

18.

E 812.7

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) **Fracture of neck and skull**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Street

Holabird Avenue, Dundalk, Maryland

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

May 17, 1950

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by bus

22. I certify that I took charge of the remains described above, held an **Insp. & Inquiry** thereon and from **Autopsy, Inspection or Inquiry** the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R S Fisher

23B. CHIEF MEDICAL EXAMINER.....☒

ASSISTANT MEDICAL EXAMINER.....☐

MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

5-18-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

5/22/50

Oak Lawn

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 20 1950

Wilmington Williams, MD

Clarence F. Hoffman 1639 Broadway

VS 151

N-804.2

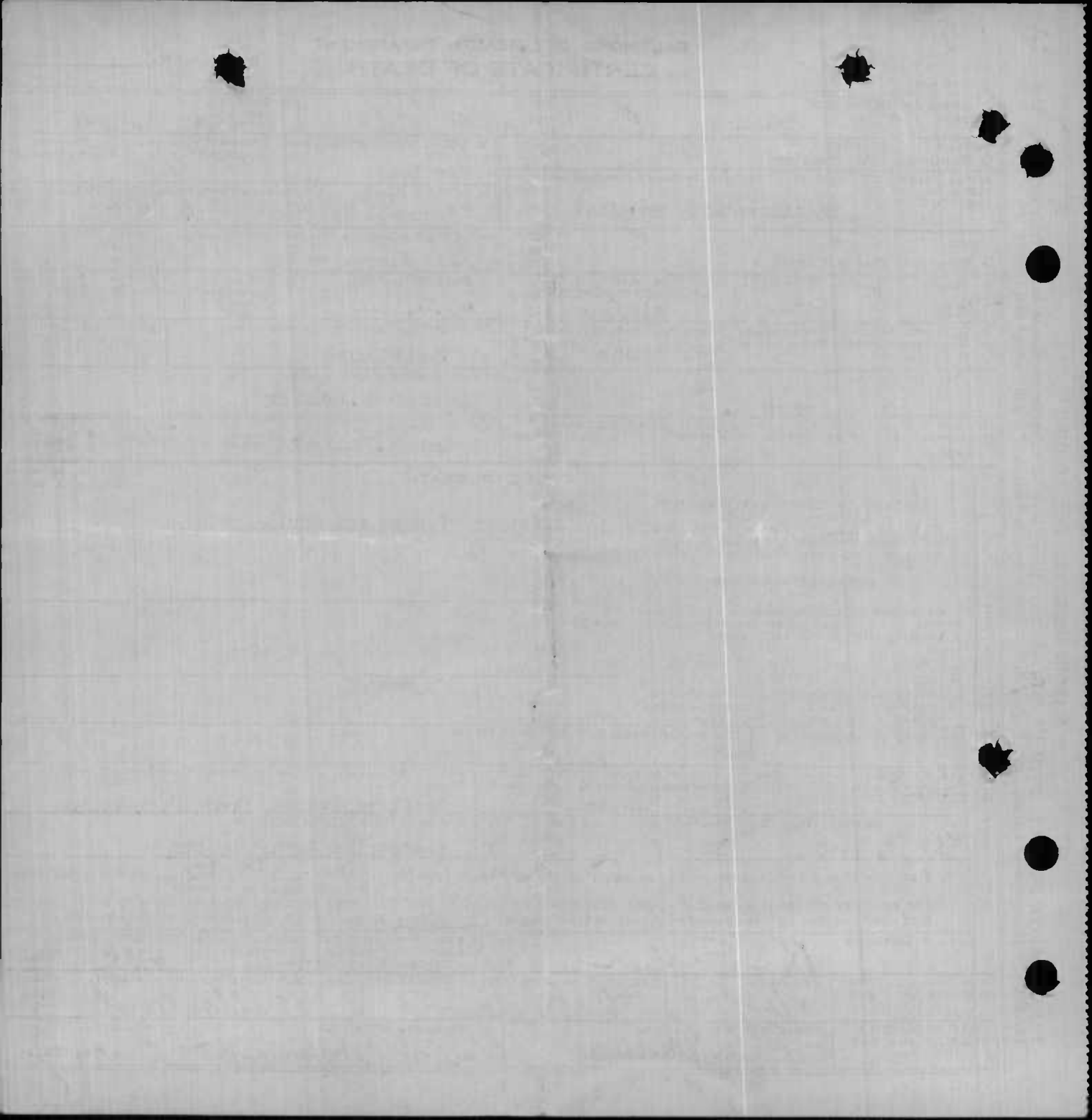
432 77

170C

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **50 4545**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harry J. Kolb

2. DATE
OF
DEATH

May 18, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

Md

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

3009 Fait Ave,

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3009n Fait Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 5, 1882

9. AGE (In year; last birthday)

68

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Con. Can Co.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Adam

14. MOTHER'S MAIDEN NAME

Louise D. Hasselhopf

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL SECURITY NO.

214-05-2447

17. INFORMANT

ADDRESS

Katie Kolb 3009 Fait Ave.

18.

332X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

CEREBRAL THROMBOSIS

INTERVAL BETWEEN ONSET AND DEATH

3dys

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

ARTERIOSCLEROSIS GENERALIZED

5/15

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **MARCH 30, 1950**, to **MAY 18, 1950** that I last saw the deceased alive on **MAY 15, 1950**, and that death occurred at **4:45 P. M.**, from the causes and on the date stated above.

23A. SIGNATURE

Benjamin Highstein

M. O.

23B. ADDRESS

121 S. HIGHLAND AVE.

23C. DATE SIGNED

MAY 18, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/22/50

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 20 1950

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

ADDRESS

Blanca F. Hoffman 1639 Broadway

VS 150

988 3V

83B

MARGIN RESERVED FOR BINDING

CERTIFICATION

MEDICAL

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **50 4546**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jesse S. Bradford, Sr.

2. DATE
OF
DEATH

5/18/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Md. General Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 26-07

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

718 S. Ponca St. #24

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

April 25, 1883

9. AGE (In years last birthday)

67

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Freight Conductor - P.R.R.

10B. KIND OF BUSINESS OR INDUSTRY

Freight Conductor - P.R.R.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Bradford

14. MOTHER'S MAIDEN NAME

Louisa Bradford

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

Unknown

17. INFORMANT

Wife

ADDRESS

18. **4533**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Gangrene Rt. foot**

7-8 wks

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Peripheral Vascular Disease Syrs.**

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Gastro-Intestinal Hemorrhage 2wks

19A. DATE OF OPERATION

5/17/50

19B. MAJOR FINDINGS OF OPERATION

Gangrene of rt. foot

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **5/12, 1950**, to **5/18, 1950**, that I last saw the deceased alive on **5/17, 1950**, and that death occurred at **12:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

E. C. Ceramano M.D.

23B. ADDRESS

Maryland Gen'l Hosp.

23C. DATE SIGNED

5/18/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/22/50

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 20 1950

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

Blanche F. Hoffman 1637 Broadway

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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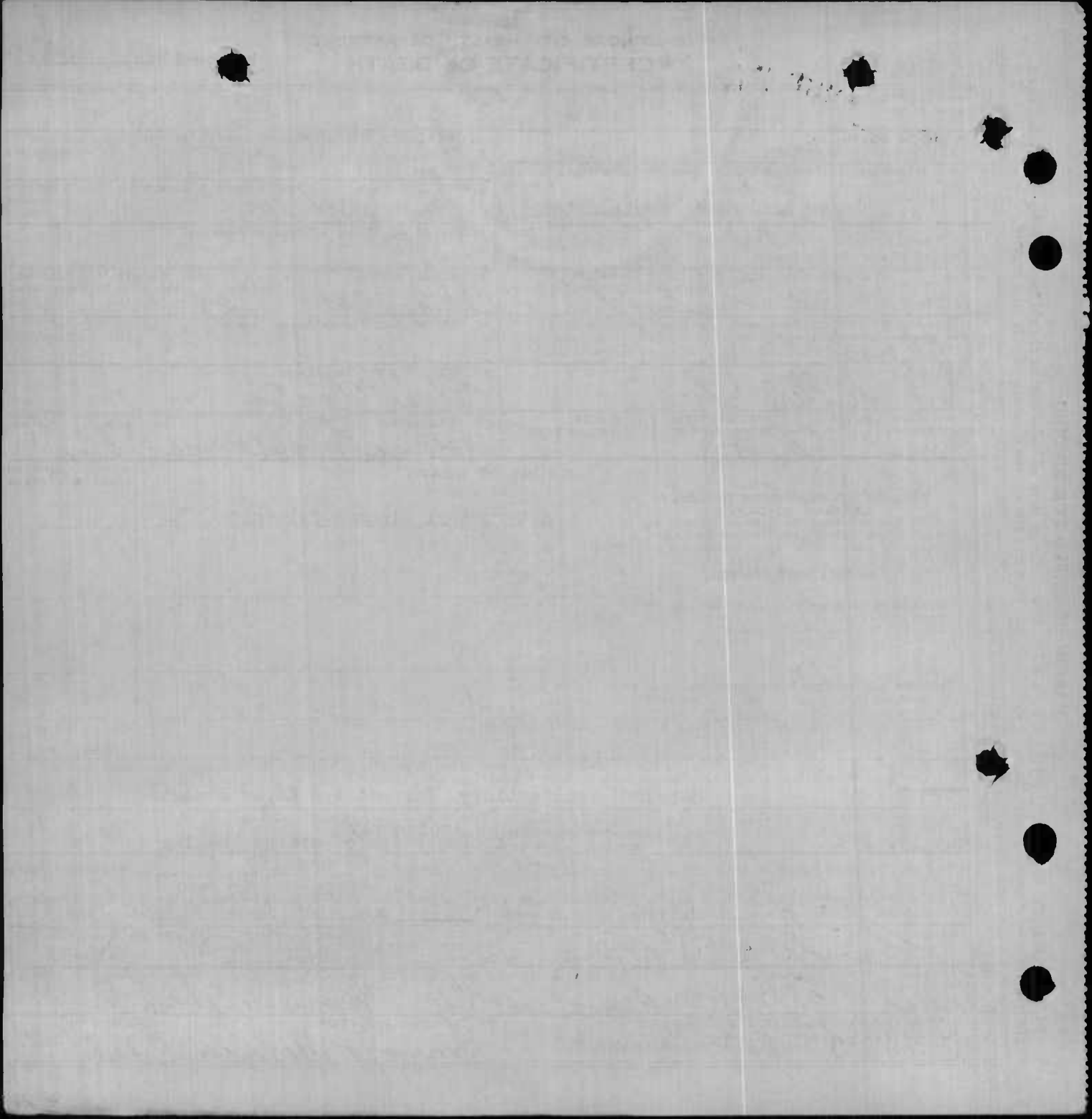
BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

50 4547

BIRTH NO. <i>460</i>		1. NAME OF DECEASED (Type or Print) <i>CARL TILLER alias LILLER</i>		2. DATE OF DEATH <i>5/19/50</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Md.</i> b. COUNTY <i>Garrett</i>			
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>Md State Pen Maryland State Penitentiary</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Mt. Lake Park</i>			
c. Length of stay in Baltimore Yrs. Mos. Days		o. STREET ADDRESS (If rural, give location)			
5. SEX <i>Male M</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Oct 2, 1921</i>	9. AGE (In years last birthday) <i>28</i>	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Unknown</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Carl Liller Sr.</i>		14. MOTHER'S MAIDEN NAME <i>Elva Clayton</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>Yes</i> (If yes, give year or dates of service) <i>7/1/2</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Goldin Funeral Home Oakland Md</i>	
18. <i>E 880.7</i>		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) <i>Acute methyl alcohol poisoning</i>			
ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Maryland Penitentiary</i>		21c. WHERE DID INJURY OCCUR? <i>Forrest and Eager Streets</i>	
21d. TIME (Month) (Day) (Year) (Hour) <i>May 13, 1950</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Accidentally</i> <i>Ingestion of orange shellac</i>	
22. I certify that I took charge of the remains described above, held an <i>Autopsy</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23a. SIGNATURE <i>Carl L. Boye</i>		23b. CHIEF MEDICAL EXAMINER <i>[Signature]</i> ASSISTANT MEDICAL EXAMINER <i>[Signature]</i> MEDICAL INVESTIGATOR <i>[Signature]</i>		23c. DATE SIGNED <i>5-19-50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>5/23/50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>	
24d. LOCATION (City, town, or county) <i>Mountain Lake Park</i>		25. FUNERAL DIRECTOR <i>Emroy Bolden</i>		ADDRESS <i>Oakland Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 20 1950</i>		REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>			



MARGIN RESERVED FOR BINDING

F 650

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4548

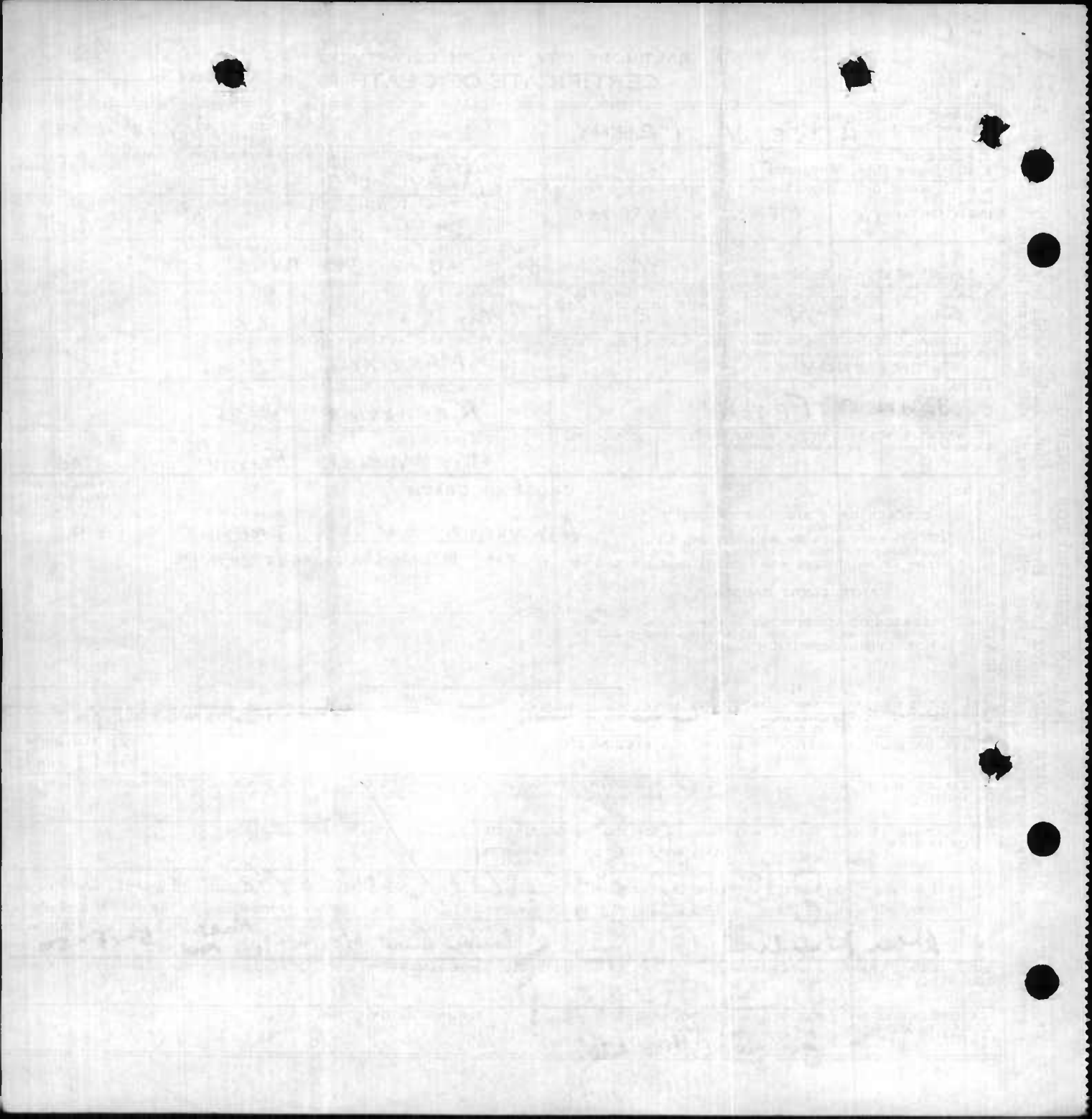
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) ALICE V. FREENY		2. DATE OF DEATH MAY 18, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALT.		
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALT.		
c. Length of stay in Baltimore YRS			D. STREET ADDRESS (If rural, give location) 3404 ST PAUL ST.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH Oct 11, 1884 (?)	9. AGE (In years last birthday) 65	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECRETARY		10B. KIND OF BUSINESS OR INDUSTRY Physicians		11. BIRTHPLACE (State or foreign country) MARYLAND	
13. FATHER'S NAME JOHN O. FREENY			14. MOTHER'S MAIDEN NAME KATHARINE WELLS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS MISS MARGARET FREENY SAME	
18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ADENOCARCINOMA OF BREAST DUE TO WITH PULMONARY METASTASES			INTERVAL BETWEEN ONSET AND DEATH YRS		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ARTERIOSCLEROTIC HEART DISEASE			DUE TO		
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/28 19 50 , to 5/18 , 19 50 , that I last saw the deceased alive on 5/18 , 19 50 , and that death occurred at 12³⁰ Am., from the causes and on the date stated above.					
23A. SIGNATURE Wm. Kimmel		23B. ADDRESS Union Mem. Hospital, Balt. Md.		23C. DATE SIGNED 5-18-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/22/50		24C. NAME OF CEMETERY OR CREMATORY Woodlawn	
24D. LOCATION (City, town, or county) (State) Woodlawn, Md.		25. FUNERAL DIRECTOR W. W. Weeks and Son 505 W. Calver St.		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR MAY 20 1950		REGISTRAR'S SIGNATURE Wm. Kimmel		25. FUNERAL DIRECTOR ADDRESS	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATION

MEDICAL



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **50 4549**BIRTH NO. **50 4549**1. NAME OF DECEASED
(Type or Print)

Sara

Hall

2. DATE
OF DEATH **May 19, 1950**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1116 N. Parish St.

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE MARRIED

WIDOWED DIVORCED (Specify)

Yrs.
Mos.
Days8. DATE OF BIRTH **1908**

9. AGE (In years last birthday)

42 yrs

11 Under 1 Year

Months Days

11 Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

House Work, Domestic

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph Hill

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Brooks Williams

18. **443 X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) **Hypertensive heart disease**

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Insp. & Inq.** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED **May 19, 1950**

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/20/50 Mt. Auburn C.

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Westport Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Metropolitan Funeral Home Inc.**MAY 20 1950**

VS 151

93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATION

MEDICAL

Received 2/20/20 Mt. Fuji
Mount Fuji Feb 19
Mt. Fuji
3

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4550

Registered No. _____

50 4550
BIRTH NO.

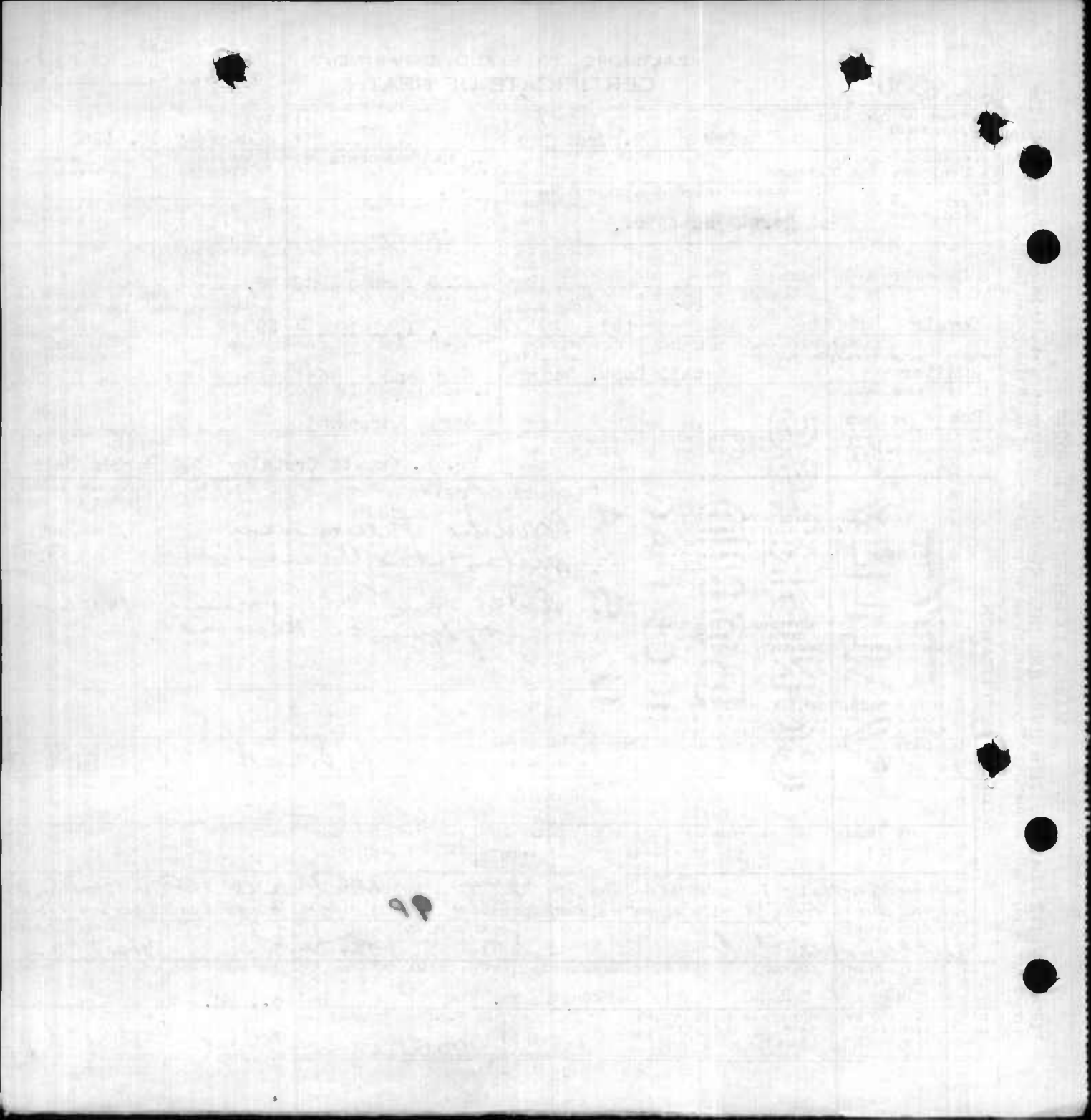
1. NAME OF DECEASED (Type or Print) DeMaris G. Crotsley			2. DATE OF DEATH May 19, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 4303 Marble Hall Rd.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 4303 Marble Hall Rd.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 1, 1910	9. AGE (In years last birthday) 39	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auditor		10B. KIND OF BUSINESS OR INDUSTRY Retail Dept. Store		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Reese Grimes			14. MOTHER'S MAIDEN NAME Sarah Kershaw		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT ADDRESS Mr. R. Emmett Crotsley 4303 Marble Hall Rd	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 170x1 Bronchus Pneumonia			CAUSE OF DEATH Bronchus Pneumonia			INTERVAL BETWEEN ONSET AND DEATH May 1 - 1950		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Adenoma Carcinoma of breast. Removal.			(B) Adenoma Carcinoma of breast. Removal.			1946 -		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(C) _____					
19A. DATE OF OPERATION 1946			19B. MAJOR FINDINGS OF OPERATION adenocarcinoma left breast -			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from May 19, 1950 , that I last saw the deceased alive on May 19, 1950 , and that death occurred at 9 P. M. , from the causes and on the date stated above.								
23A. SIGNATURE Walter F. York			23B. ADDRESS 20 S. Breckin			23C. DATE SIGNED 5/20/50		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/22/50		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.		
DATE RECEIVED BY LOCAL REGISTRAR MAY 20 1950		REGISTRAR'S SIGNATURE Wm. J. Lickner		25. FUNERAL DIRECTOR Wm. J. Lickner & Sons		ADDRESS Balto Md.		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4551

BIRTH NO. 50 4551

1. NAME OF DECEASED
(Type or Print)

JOSEPH H. WALKER

2. DATE
OF
DEATH

May 20, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Anne Arundel

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Annapolis

5210

D. STREET ADDRESS (If rural, give location)

Marine Barracks

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

3/5/1929

9. AGE (in years
last birthday)

21

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

P. F. C.

10B. KIND OF BUSINESS OR
INDUSTRY

U. S. Marine Corp.

11. BIRTHPLACE (State or foreign country)

Ala.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

-

14. MOTHER'S MAIDEN NAME

Bertha Claudine

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Marine Corp Records.

18. E 819.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A) Fracture of skull and right femur

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☒ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?
Rodgers Ave., about 62' east of Rusk Ave.21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

5/20/50 2:00

A.M.

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒21F. HOW DID INJURY OCCUR?
Automobile ran into a pole
Deceased was a passenger22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

5/20/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

5/20/50

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Annapolis, Md.

1702

DATE RECEIVED BY
LOCAL REGISTRAR

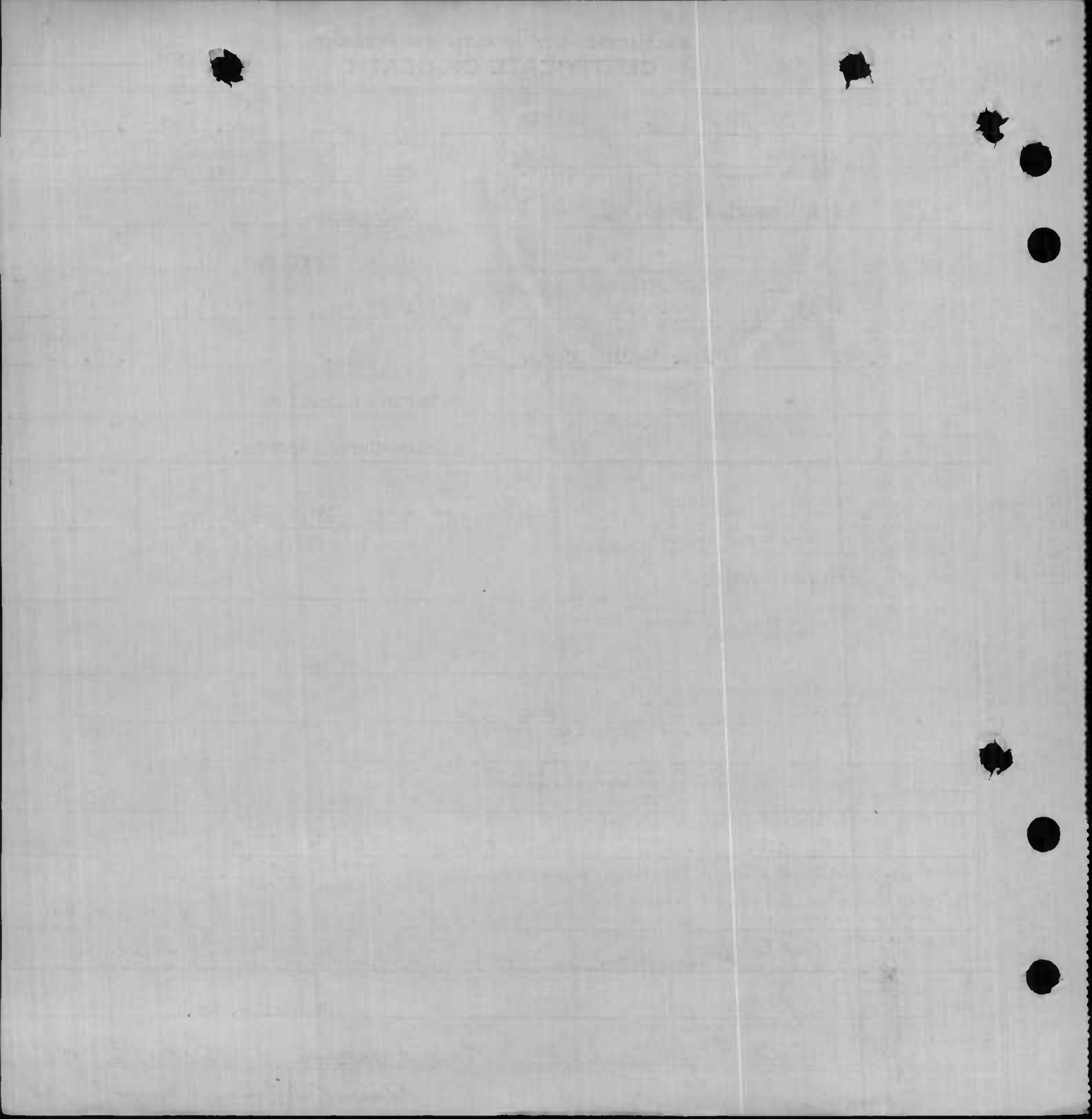
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

R. D. Draceman 1716 (MC) USN



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Walter E Braun

2. DATE

OF DEATH May 19, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Maryland General Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

106 E Fort Avenue

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

9-16-1906

9. AGE (In years last birthday)

43

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Butcher

10B. KIND OF BUSINESS OR INDUSTRY

MEAT

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

William F. Braun

14. MOTHER'S MAIDEN NAME

Rhoda Price

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No.

None

16. SOCIAL SECURITY NO.

?

17. INFORMANT

ADDRESS

Brother Clarence Leads Terrace

18. 581.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Ascites

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

over 5 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

Cirrhosis

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

cachexia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK

NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-12, 1950, to 5-19, 1950, that I last saw the deceased alive on 5-19, 1950 and that death occurred at 12 noon, from the causes and on the date stated above.

23A. SIGNATURE

Marguerite Louise Candler

M. D.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

5/19/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-22-50

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston William, M.D.

25. FUNERAL DIRECTOR

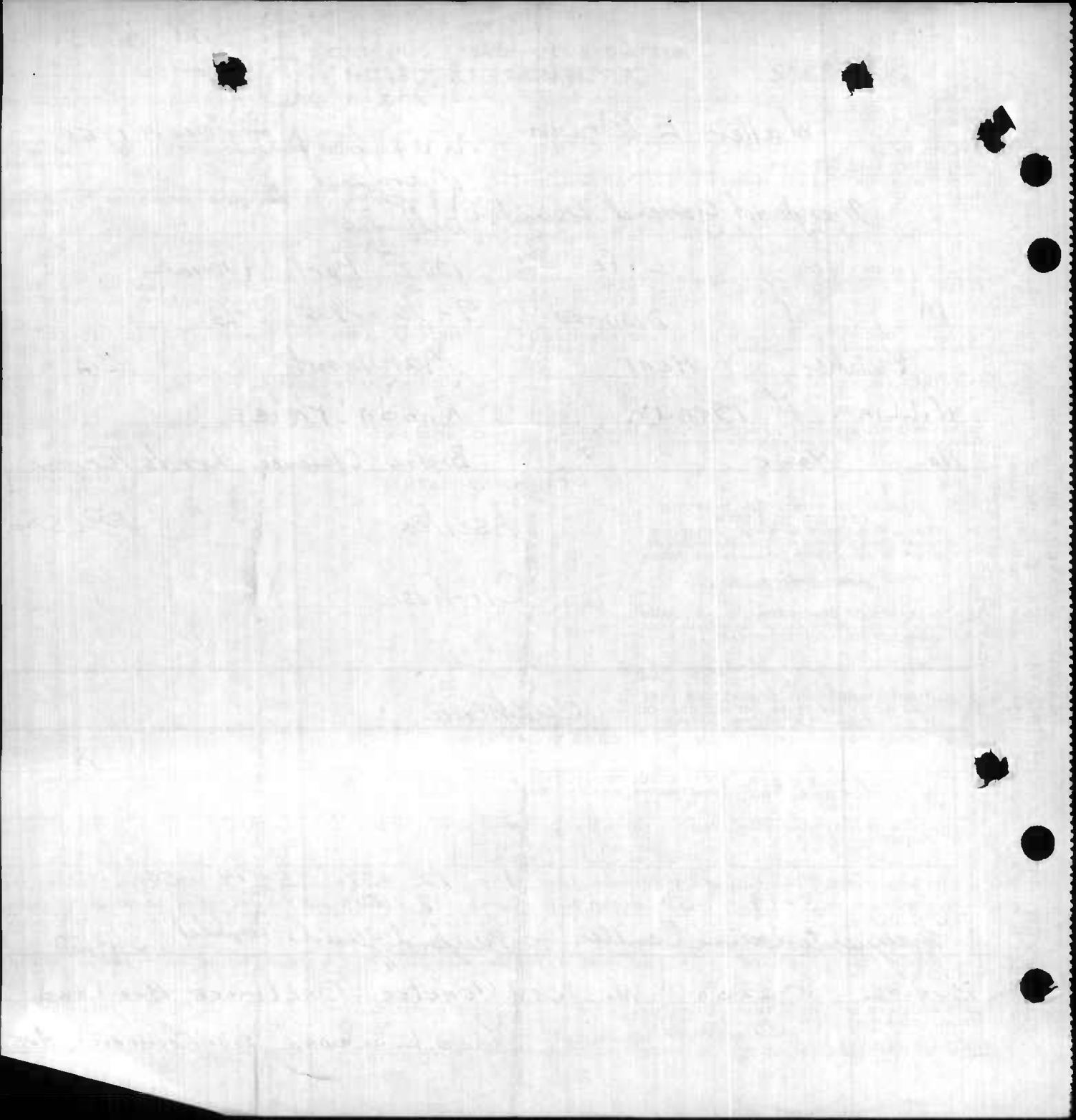
ADDRESS

Geo. L. Schwab 2101 Frederick

MAR 21 1950

VS 150

452.6153



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

50 4553

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Dr. Wm Parker

2. DATE
OF
DEATH

5/19/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland University Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

3

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

4/6/1906

9. AGE (In years last birthday)

44

10. Under 1 Year Months: Days

24

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Dentist

11. BIRTHPLACE (State or foreign country)

Norfolk, Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Bouldie Edward Parker

14. MOTHER'S MAIDEN NAME

Julia Britt Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Binford E. Parker, Suffolk, Va.

18. 581.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Acute Hepatic Insuff.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Chronic Hepatitis & Cirrhosis

DUE TO

(C)

Acute Hepatitis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Exploratory Lapotomy & Cholecystotomy

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2-15, 1950, to 5-19, 1950, that I last saw the deceased alive on 5-19, 1950, and that death occurred at 10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

John A. Slightower, M.D.

University Hospital

5/20/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

REMOVAL

5-20-50

CEDAR HILL

SUFFOLK, VA.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

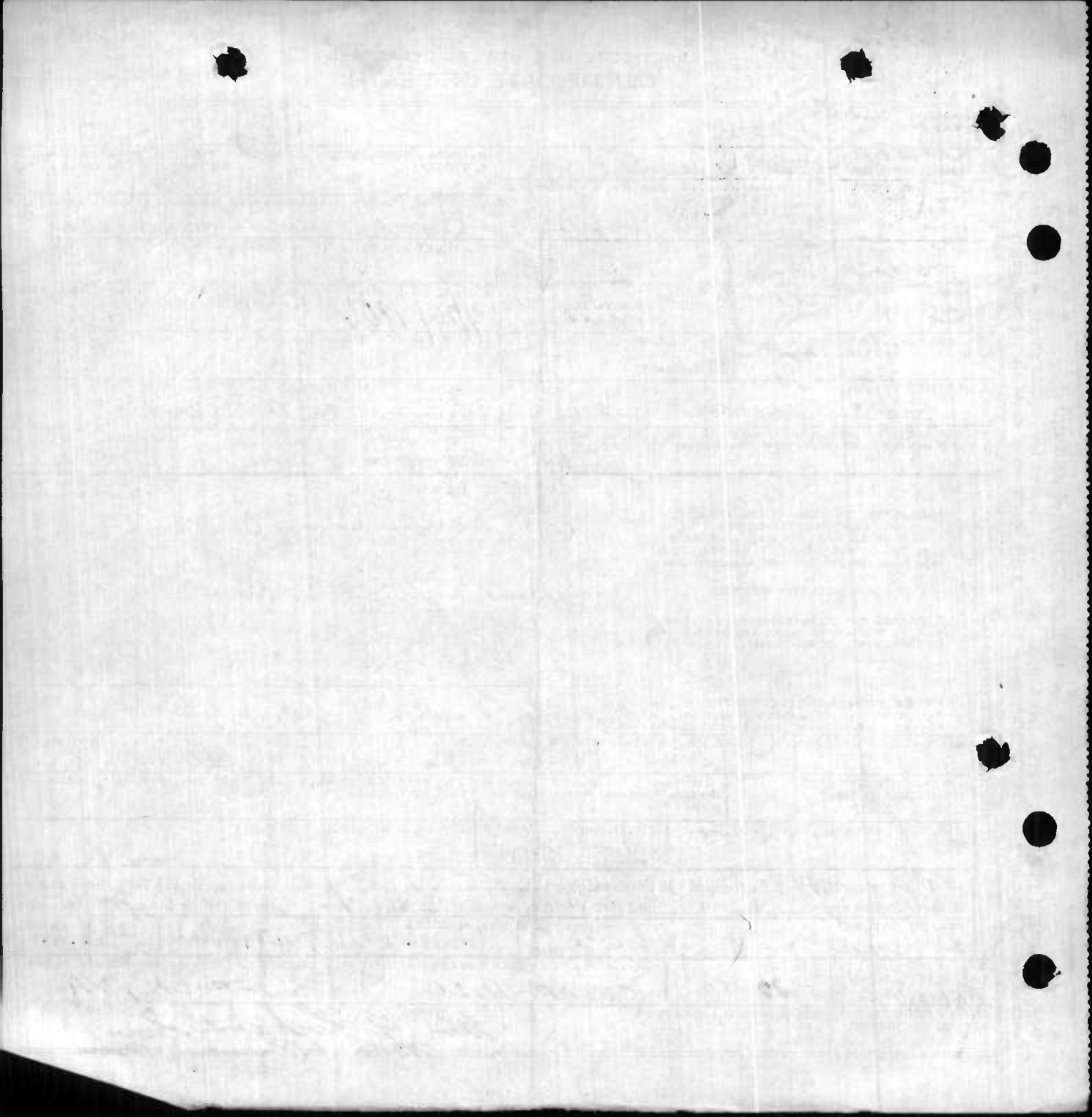
William Williams, M.D.

Wm. G. Fickert & Sons

MAR 21 1950

V1292

12



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-250

50 4554

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4554
Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

RUFUS IRWIN MCCOWN

2. DATE
OF
DEATH

MAY 20, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MARYLAND

B. COUNTY
BALT.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALT.

12-03

D. STREET ADDRESS (If rural, give location)

2741 St. Paul St.

c. Length of stay in Baltimore

YRS.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

JUNE 5, 1883

9. AGE (In years
last birthday)

66

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RET. MINISTER

10B. KIND OF BUSINESS OR
INDUSTRY

Baptist Church

11. BIRTHPLACE (State or foreign country)

TENNESSEE

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

JOHN C. MCCOWN

14. MOTHER'S MAIDEN NAME

DEZIA PARKINSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

UNIC

16. SOCIAL
SECURITY NO.

17. INFORMANT

WIFE

ADDRESS

SAME

18. 334X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

? CAUSE OF DEATH

(A) CEREBROVASCULAR ACCIDENT
DUE TO NEW, & OLD.

INTERVAL BETWEEN
ONSET AND DEATH

YRS,
WEEKS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) CEREBRAL ARTERIOSCLEROSIS

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

RHEUMATOID ARTHRITIS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 6, 1950, to MAY 20, 1950, that I last saw the deceased alive on MAY 20, 1950, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. Frank Supple Jr.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

5/20/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5/21/50

24C. NAME OF CEMETERY OR CREMATORY

One West

24D. LOCATION (City, town, or county)

One West St.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

1217 St Paul St

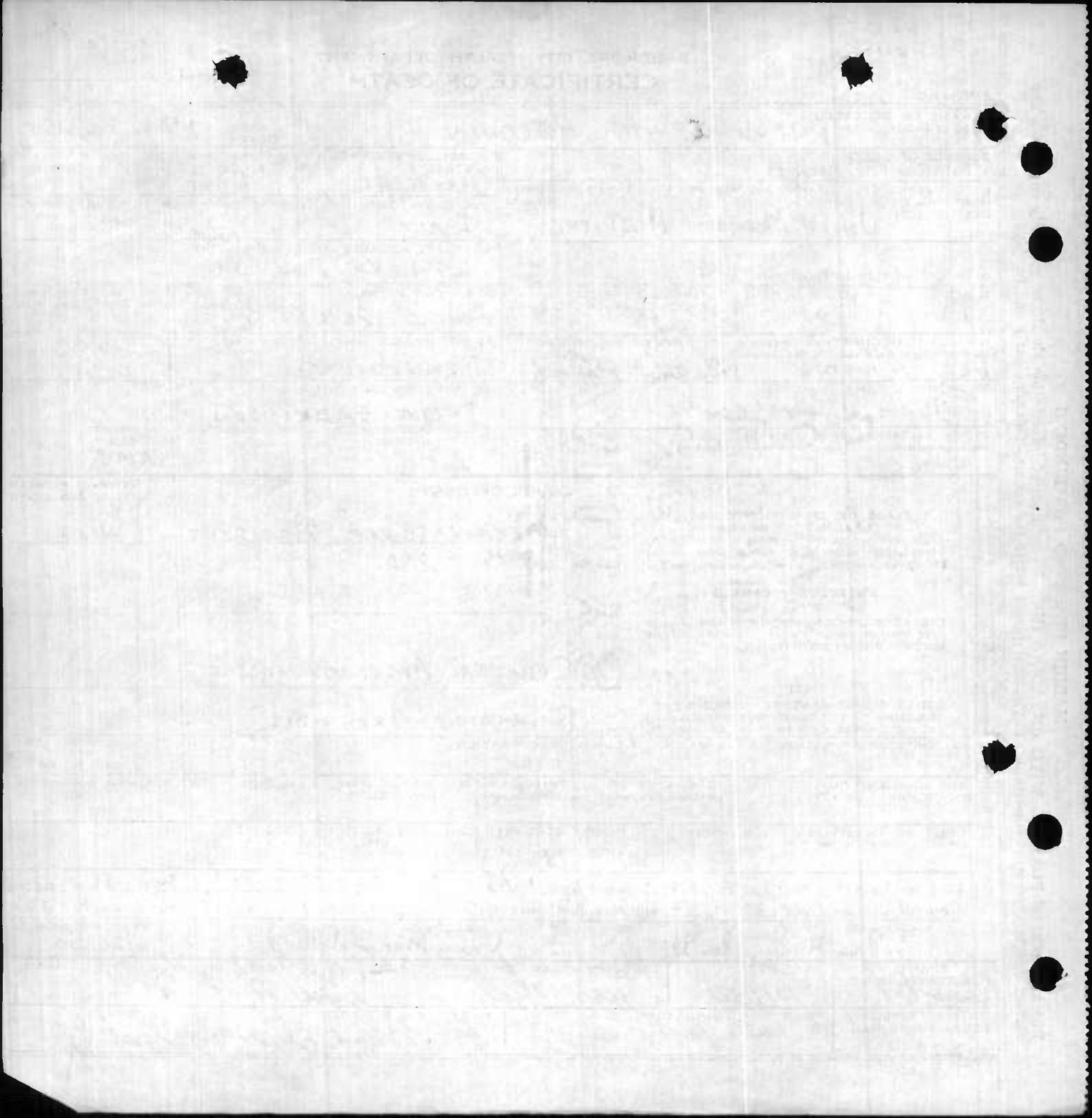
MAY 21 1950

VS 150

V0894

839

MEDICAL CERTIFICATION



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Schweiger, Anna Marie

DATE OF DEATH May 20, 1950

3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

St. Jos. Hosp.

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Wife

10B. KIND OF BUSINESS OR INDUSTRY

Own home

13. FATHER'S NAME

Frederick Yoos

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

Sept 1st 1898

9. AGE (In years last birthday)

51

11. BIRTHPLACE (State or foreign country)

Balto.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Susie Pierce

17. INFORMANT

Chas. J. Schweiger Delverne Rd

18.

057.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Acute adrenal insufficiency
(Waterhouse-Friedrichson syndrome)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 19, 1950 to May 20, 1950 that I last saw the deceased alive on May 20, 1950, and that death occurred at 1:20pm., from the causes and on the date stated above.

23A. SIGNATURE

Madden Swinski

23B. ADDRESS

M. D.

1100 N. Caroline St.

23C. DATE SIGNED

May 20, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/23/50

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

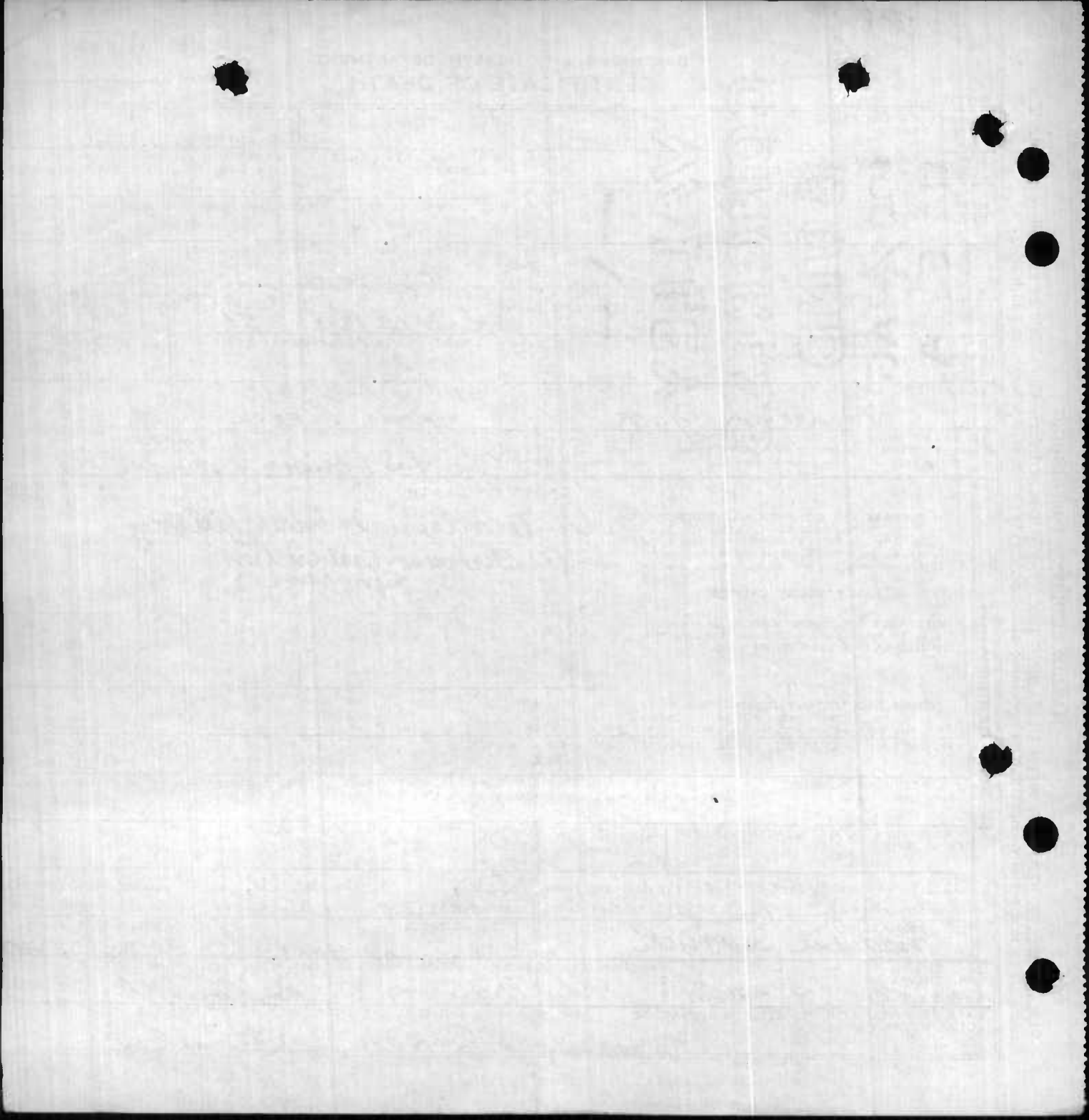
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

William M. Cook, Inc. 1217 St. Paul St.

MAR 21 1950



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4556

Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Mr. Harry Scott Arnold, Jr.

2. DATE
OF
DEATH

May 20, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Maryland

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

Parkville

D. STREET ADDRESS (If rural, give location)

2919 Willoughby Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

11/6/1913

9. AGE (in years
last birthday)

37

10 Under 1 Year
Months: Days

4

2

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Buyer

10B. KIND OF BUSINESS OR INDUSTRY

Glenn L. Martin

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Harry Scott Arnold Sr.

14. MOTHER'S MAIDEN NAME

Helen Prather

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

214-12-2729

17. INFORMANT

ADDRESS

Herbert Shek 6512 Beechwood Rd

18. 330X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Subarachnoid hemorrhage

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 5/5/1950, to 5/20/1950, that I last saw the deceased alive on 5/20/1950, and that death occurred at 7:55 A.M. from the causes and on the date stated above.

23A. SIGNATURE

Thaddeus Sawinski M.D.

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

5/20/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/23/50

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Parkville Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

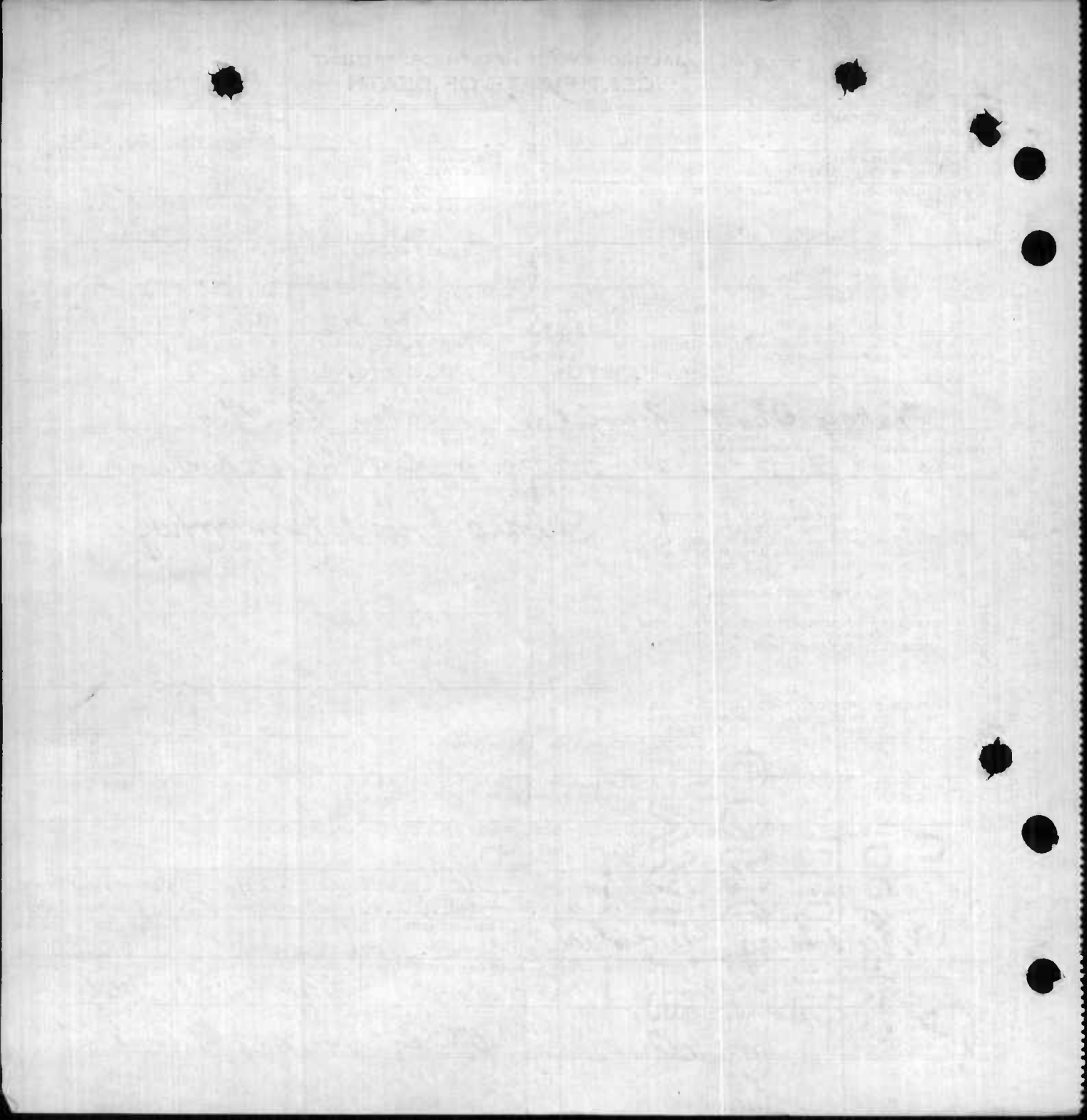
25. FUNERAL DIRECTOR

ADDRESS

MAY 21 1950

William M. Williams

Wm Bok Inc. 1217 St. Paul St.



A-130

4557

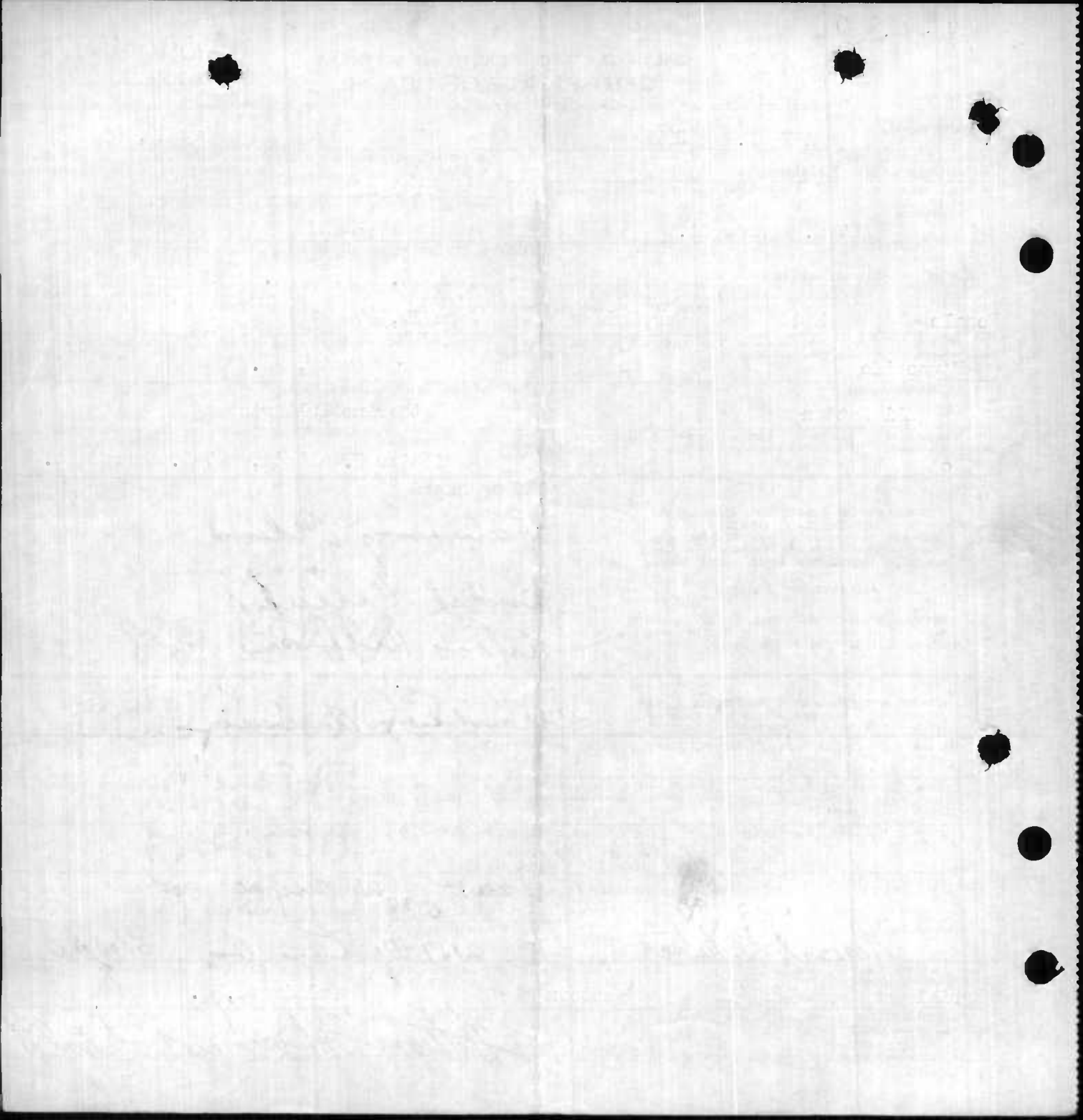
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50

4557

Registered No.

BIRTH NO.			NAME OF DECEASED (Type or Print) MARY E. ABBOTT			2. DATE OF DEATH May 20, 1950			
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore						
B. FULL NAME OF HOSPITAL OR INSTITUTION 50 407 S. Monroe St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 19-04						
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 407 S. Monroe St.						
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 27, 1878		9. AGE (in years last birthday) 71		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY At home			11. BIRTHPLACE (State or foreign country) Howard County, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Eli Patton			14. MOTHER'S MAIDEN NAME Catherine Sullivan						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS William H. Abbott, 407 S. Monroe St.			
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Edema (A) DUE TO Cordis Vasculor (B) DUE TO arterio Sclerosis (C) DUE TO Secondary Anemia			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 1 - 1950 , to May 20 - 1950 , that I last saw the deceased alive on May 9, 1950 , and that death occurred at 5:29 a.m. , from the causes and on the date stated above.									
23A. SIGNATURE Robert C. White			M. D.			23B. ADDRESS 2157 W. Illinois Ave		23C. DATE SIGNED 5/20/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 5/23/50			24C. NAME OF CEMETERY OR CREMATORY Western		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR			REGISTRAR'S SIGNATURE W. H. Williams, M.D.			25. FUNERAL DIRECTOR William C. G. G. G.		ADDRESS 1217 St Paul St	
MAR 21 1950								937	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4558

BIRTH NO.

NAME OF DECEASED
(Type or Print)

CAROLINE L. COOK

2. DATE
OF
DEATH

May 18, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTE 509 W. Lafayette Ave. location)C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 17-02

D. STREET ADDRESS (If rural, give location)

509 W. Lafayette Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 31, 1867, 82

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

School teacher

10B. KIND OF BUSINESS OR
INDUSTRY

Public school

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John Henry Cook

14. MOTHER'S MAIDEN NAME

Sarah Jane ???

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Miss Edyth D. Myers W. Lafayette

ADDRESS

509

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) acute myocardial infarction

DUE TO

30 minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) arteriosclerosis

DUE TO

10 yrs

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORK ☐ NOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940 to 18 May, 1950, that I last saw the
deceased alive on 18 May, 1950, and that death occurred at 3:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

James D. Carr

M. D.

23B. ADDRESS

1427 Madison Ave

23C. DATE SIGNED

5-20-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/22/ 1950

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Holland Funeral Home
1631 Druid Hill Ave.

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

18, 1930

973456

10, 1930

10, 1930

10, 1930

10, 1930

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4559
Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Sarah Saunders

2. DATE
OF
DEATH

MAY 17 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

JOHNS HOPKINS HOSPITAL

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

408 N. Camden St

c. Length of stay in Baltimore

42 yrs.

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, or if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Carcinomatosis peritonei

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

May 3, 1950

Carcinomatosis peritonei

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 4-24, 1950, to 5-17, 1950, that I last saw the deceased alive on 5-17, 1950, and that death occurred at 7:35 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

George W. Corner, Jr.

M. D.

JOHNS HOPKINS HOSPITAL

May 17 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial

5/22/50

Baltimore

Baltimore

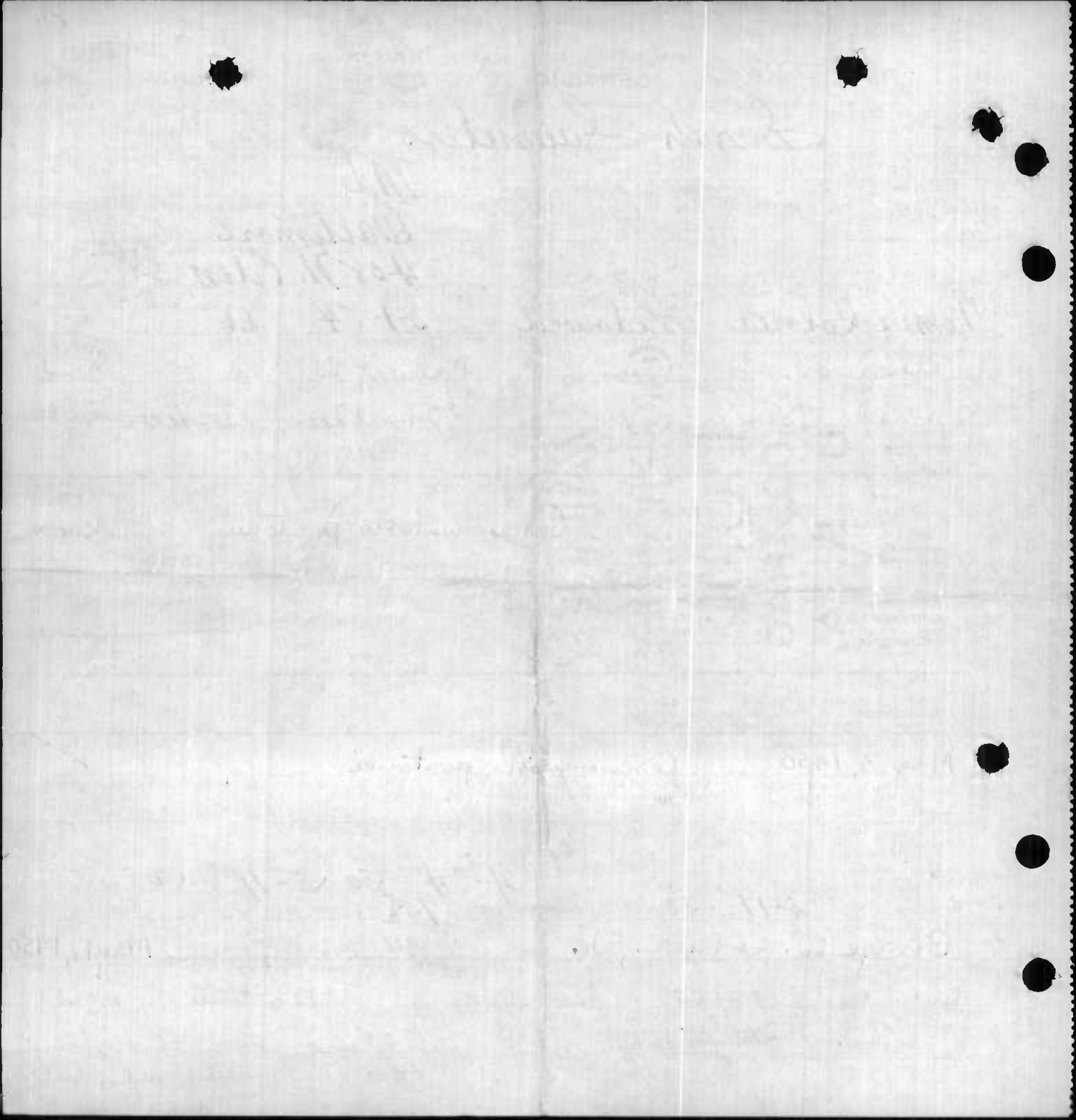
Ind.

5-21-50

Huntington Williams

Holland Funeral Home

1631 Druid Hill Ave.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **50 4560**

BIRTH NO.

NAME OF DECEASED
(Type or Print)

JAMES E. ROSS

2. DATE
OF
DEATH

5-18-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1449 HULL ST

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **MD.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 24-01

D. STREET ADDRESS (If rural, give location)

1449 HULL ST.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

1-38-1877

9. AGE (In years
last birthday)

73

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED

10B. KIND OF BUSINESS OR INDUSTRY

SHOWMAN

11. BIRTHPLACE (State or foreign country)

NORFOLK VA.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

JAMES ROSS

14. MOTHER'S MAIDEN NAME

NORA HALL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

ADDRESS

MARGARET PEREGOV 1449 HULL ST

18.

592X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary Heart Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerosis

(C)

Chronic Interstitial Nephritis

INTERVAL BETWEEN
ONSET AND DEATH

3 days

8 days

142

141

170

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 10**, 19**50**, to **May 18**, 19**50**, that I last saw the deceased alive on **May 17**, 19**50**, and that death occurred at **730** a.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. F. A. Stevens

M. D.

23B. ADDRESS

2378 Alford Rd

23C. DATE SIGNED

5-21-50

24A. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

24B. DATE

5-21-50

24C. NAME OF CEMETERY OR CREMATORY

GLEN HAVEN

24D. LOCATION (City, town, or county)

GLEN BURNIE MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Charles F. Hill 1501 E. Fort Ave

1950

1950

MAY 21 1950

V8890

131a

James E. Jones

1911

1911 March 21
1911 March 21

1911 March 21

1911 March 21
1911 March 21

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

NAME OF DECEASED
(Type or Print)

Francis Joseph Oberle

2. DATE
OF
DEATH May 18, 19503. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE Maryland B. COUNTY _____B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
1400 N. Caroline Street
St. Joseph's HospitalC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 6-02D. STREET ADDRESS (If rural, give location)
411 N. Glover St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

March 2, 1906

9. AGE (In years last birthday)

44

If Under 1 Year
Months Days

2 16

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Union Financial Secretary Balto. Transit W.

11. BIRTHPLACE (State or foreign country)
Baltimore12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Seraphin Oberle

14. MOTHER'S MAIDEN NAME

Barbara K. Nickol

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.
213-01-0487

17. INFORMANT

Mrs. Dorothy M. Oberle--411 N. Glover St.

ADDRESS

18. 540.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Generalized Peritonitis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Ruptured peptic ulcer

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May 18, 1950 to May 18, 1950, that I last saw the deceased alive on May 18, 1950, and that death occurred at 6:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

5-22-50

Most Holy Redeemer

Belair Road, Balto: Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

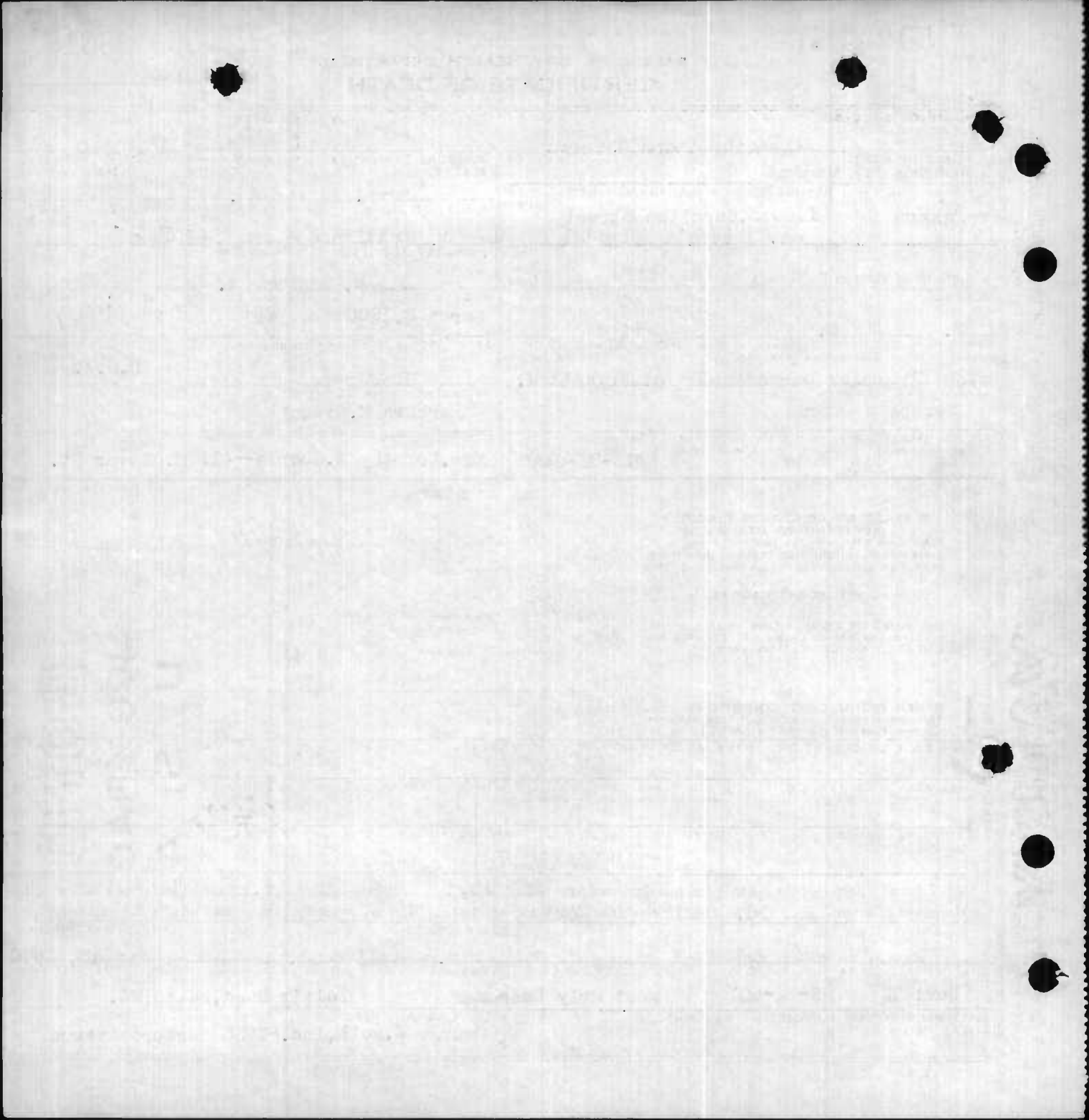
ADDRESS

George J. Ruth, Inc. - I735 Harford Avenue

MAY 21 1950

23649

117a



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				50 4562 Registered No.	
BIRTH NO.				2. DATE OF DEATH <u>5-19-50</u>	
1. NAME OF DECEASED (Last, first, or Print) <u>MARY HUBIN</u>					
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>2476 Shurley Ave</u>				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md</u> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mt Carmel Home</u>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>15-13</u>	
c. Length of stay in Baltimore <u>60</u> Yrs. <u>60</u> Mos. <u>60</u> Days				D. STREET ADDRESS (If rural, give location) <u>2476 Shurley Ave</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH	9. AGE (In years: last birthday) <u>92</u>	If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Russia</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Not Known</u>			14. MOTHER'S MAIDEN NAME <u>Not Known</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Ray Hunter</u> ADDRESS <u>4624 Reisterstown Rd</u>		
18. <u>334 X</u> CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH <u>104 YRS.</u>	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>(A) ARTERIO SCLEROTIC Heart <u>Brain</u> DUE TO CEREBRAL VASCULAR DISEASE</u>					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>(B)</u> <u>(C)</u>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 1</u> , 19 <u>50</u> , to <u>5/19</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5/19</u> , 19 <u>50</u> , and that death occurred at <u>4 P</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Walter H. Hume</u> M. D.		23B. ADDRESS <u>1801 E. DAWSON</u>		23C. DATE SIGNED <u>5/21/50</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>5-21-50</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Rosedale</u>	24D. LOCATION (City, town, or county) (State) <u>Balto Md</u>		
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S ADDRESS <u>Jack Lewis 2100 E. DAWSON Rd</u>			

Hunelfarb
10 30
1801 Butant R

T-550

50 4563

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4563

Registered No.

BIRTH NO. 50-09883

1. NAME OF DECEASED
(Type or Print)

BABY BOY TAYMAN

2. DATE
OF
DEATH

MAY 20, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE

A. STATE

B. COUNTY

Where deceased lived. If institution: residence before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

FRANKLIN SQUARE HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4217 Roland Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

MAY 19, 1950

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?
U.S.

13. FATHER'S NAME

OSCAR TAYMAN.

14. MOTHER'S MAIDEN NAME

FLORENCE POSNER.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Oscar Tayman

ADDRESS

Home

18.

776X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

PREMATURITY.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

☐

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 19, 1950, to MAY 20, 1950, that I last saw the
deceased alive on MAY 20, 1950 and that death occurred at 12:40 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Michael Raymond Ramundo

M. D.

23B. ADDRESS

Franklin Square Hospital

23C. DATE SIGNED

5-20-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5-21-50

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Mt Carmel

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Jack Lewis

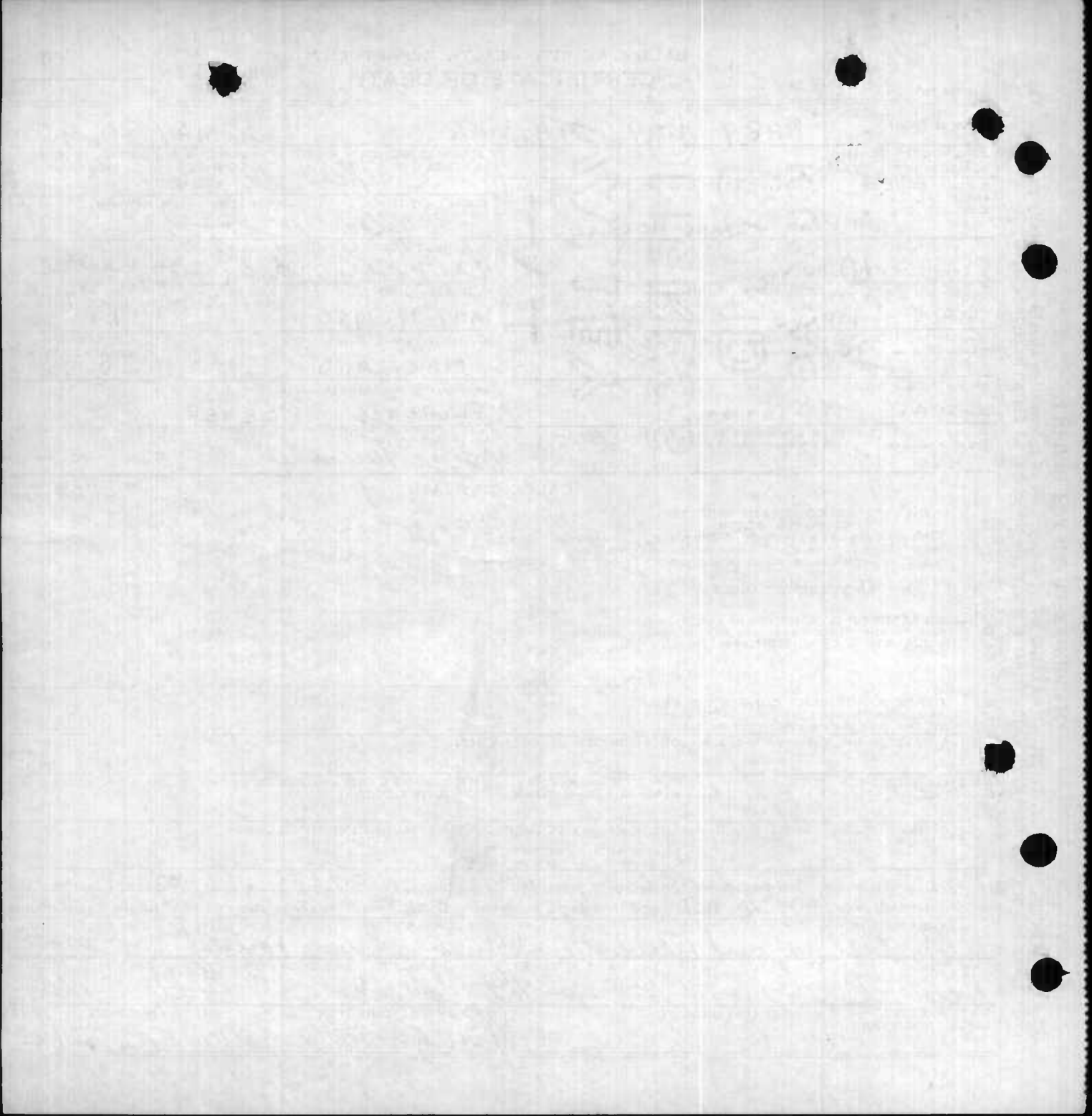
ADDRESS

2100 Eaton Pl

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

NAME OF DECEASED
(Type or Print)

Morris HiberMAN 537249

2. DATE
OF
DEATH

MAY 20 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland (*JOHNS HOPKINS HOSPITAL*)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

(If outside corporate limits, write RURAL and give township)

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

Baltimore

15-13

D. STREET ADDRESS (If rural, give location)

2535 Shirley Ave.

c. Length of stay in Baltimore

46

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

3-18-80

9. AGE (in years last birthday)

70

11 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR INDUSTRY

Drury, Md.

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph

14. MOTHER'S MAIDEN NAME

not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

3417 Clayton Ave

INTERVAL BETWEEN ONSET AND DEATH

18. *470.0*

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Myocardial infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

arteriosclerotic heart disease + hypertension

DUE TO

(C)

years

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORK

NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5-9-1950* to *5-20-1950*, that I last saw the deceased alive on *5-20-1950* and that death occurred at *2:50* a. m., from the causes and on the date stated above.

23A. SIGNATURE

Ernest C. Brown

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5/20/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

5-21-50

24C. NAME OF CEMETERY OR CREMATORY

Beth Isaac

24D. LOCATION (City, town, or county)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

5-21-50

REGISTRAR'S SIGNATURE

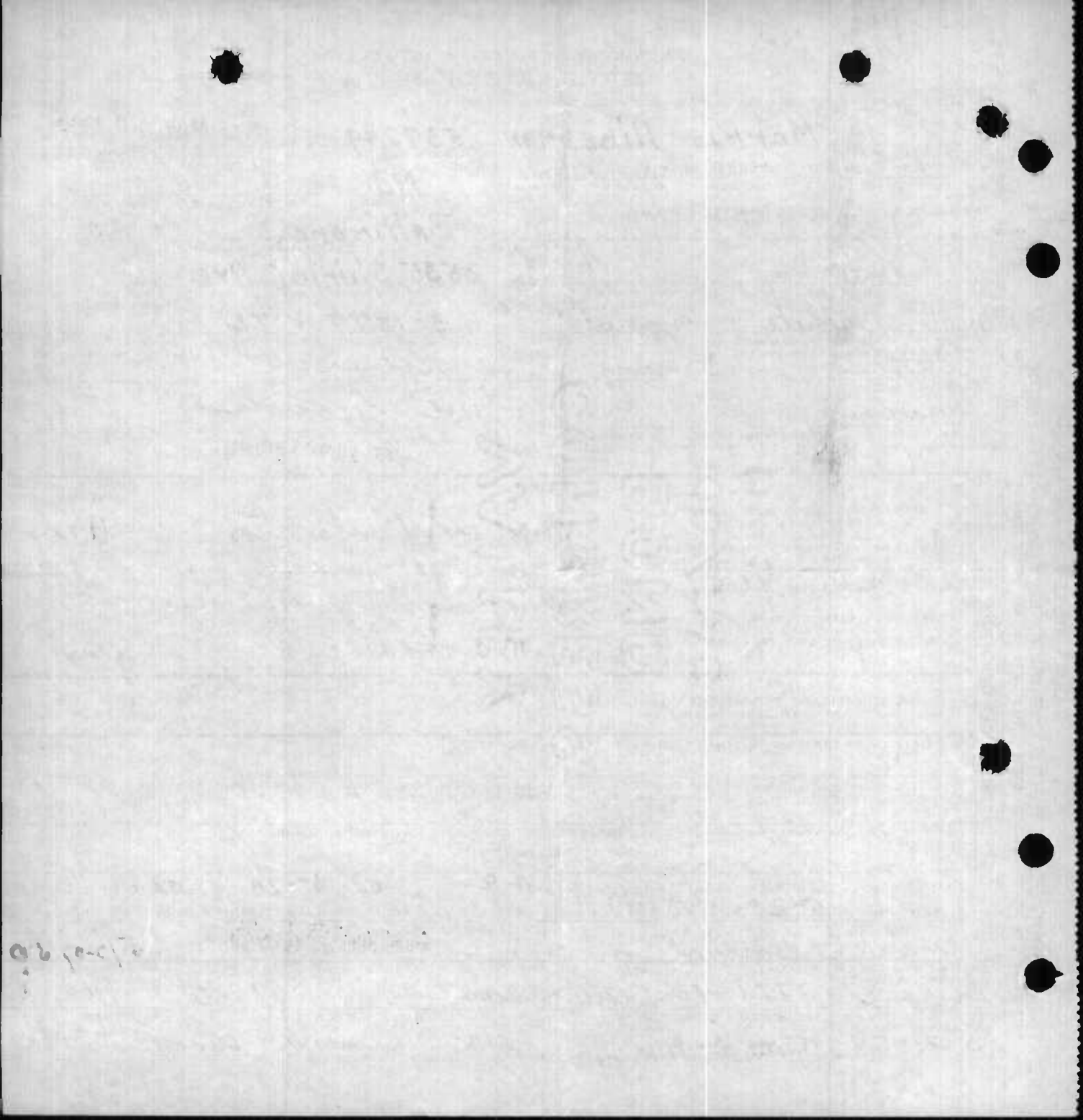
Huntington Hill

25. FUNERAL DIRECTOR

Jack Lewis

ADDRESS

2100 Eutaw Pl



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 4565

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Norman Magid

2. DATE
OF
DEATH

5/20/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

2600 Keyworth Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2600 Keyworth Ave

c. Length of stay in Baltimore

45

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years last birthday)

60

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Liquor (Wholesale)

11. BIRTHPLACE (State or foreign country)

Lith

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Samuel

14. MOTHER'S MAIDEN NAME

Hannah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Norma Magid

ADDRESS

Samuel

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

J. H. Culver

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ M.D. MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

5/29/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-21-50

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Young Men

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

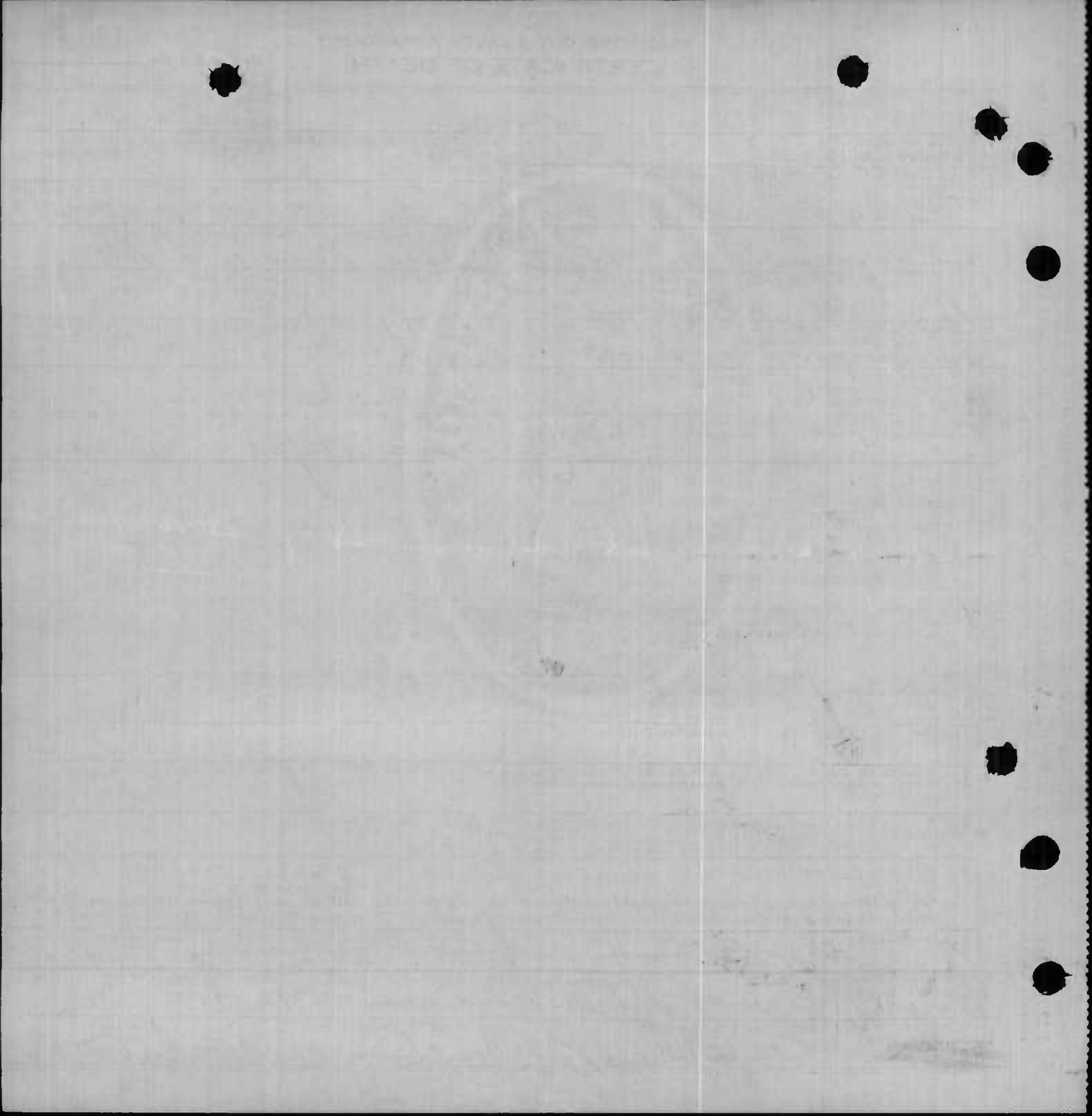
5-21-50

REGISTRAR'S SIGNATURE

Wilmington Williams

25. FUNERAL DIRECTOR

Jack Hewes 2100 Eutaw Rd

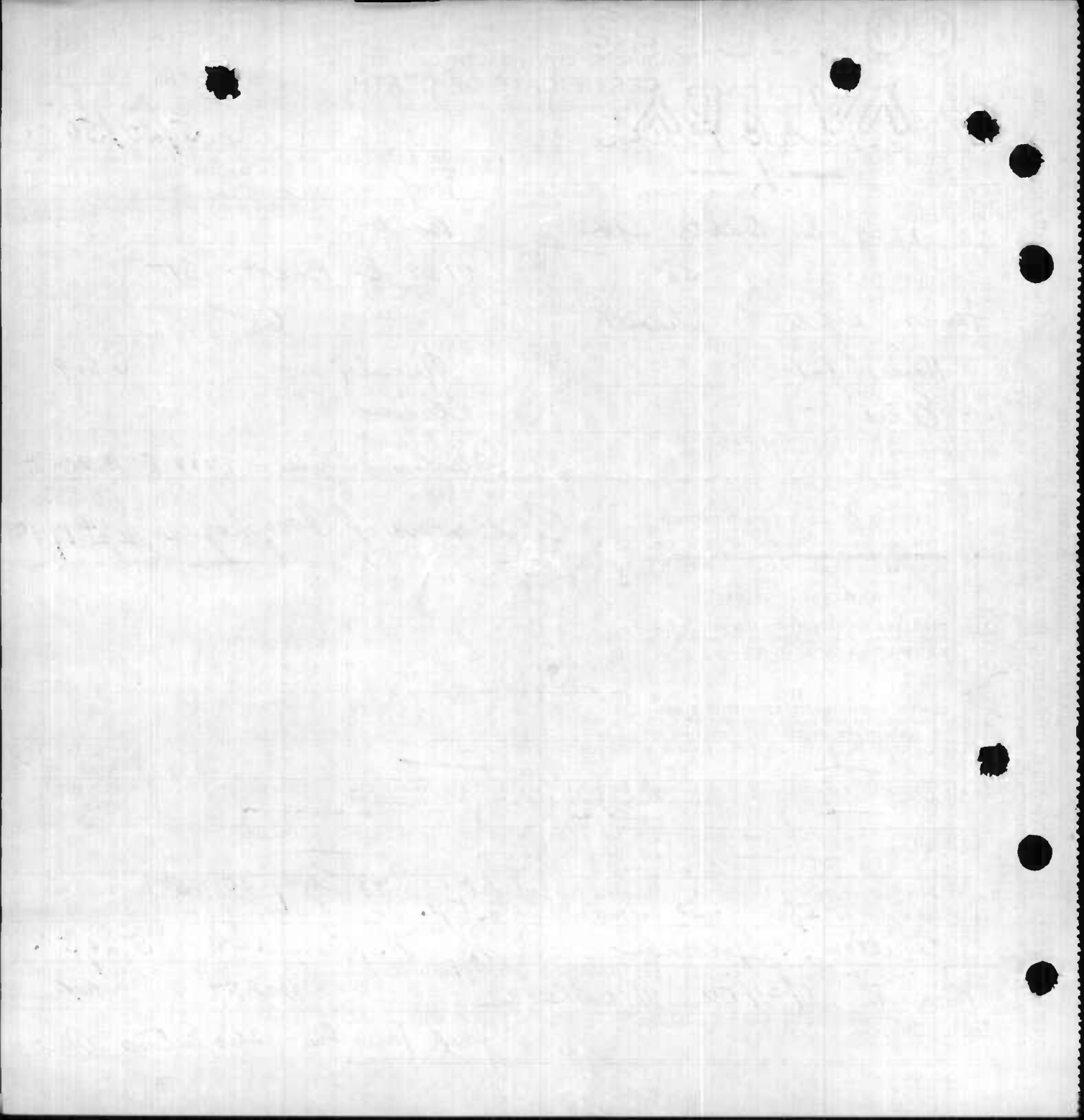


R-150
50 4566BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.		NAME OF DECEASED (Type or Print) <i>Sarah Rubin</i>		2. DATE OF DEATH <i>5/20/50</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>00 1729 E. Balto St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 2-02</i>			
C. Length of stay in Baltimore <i>38</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1729 E. Balto St</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH	9. AGE (In years last birthday) <i>68</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Work</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Russia</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Ellis</i>		14. MOTHER'S MAIDEN NAME <i>Clara</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Abraham W. Rubin - 1729 E. Balto St</i>	
18. <i>150X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of Esophagus</i> CAUSE OF DEATH <i>Sept 1948</i>		INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Sept 48</i> , 19 <i>48</i> , to <i>May 20</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>5/20</i> , 19 <i>50</i> , and that death occurred <i>5 p.m.</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>Milton L. Solomon</i>		23B. ADDRESS <i>129 S. Broadway</i>		23C. DATE SIGNED <i>5/20/50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5/21/50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Resdale</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>		25. FUNERAL DIRECTOR <i>Jack Lewis Inc - 2100 Eutaw Pl</i>		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		VS 150	

46a



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Last, first, middle name or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years

last birthday)

If Under 1 Year

If Under 24 Hours

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR

INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 18, 1950 to May 19, 1950 that I last saw the deceased alive on May 18, 1950 and that death occurred at 12 Noon, from causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

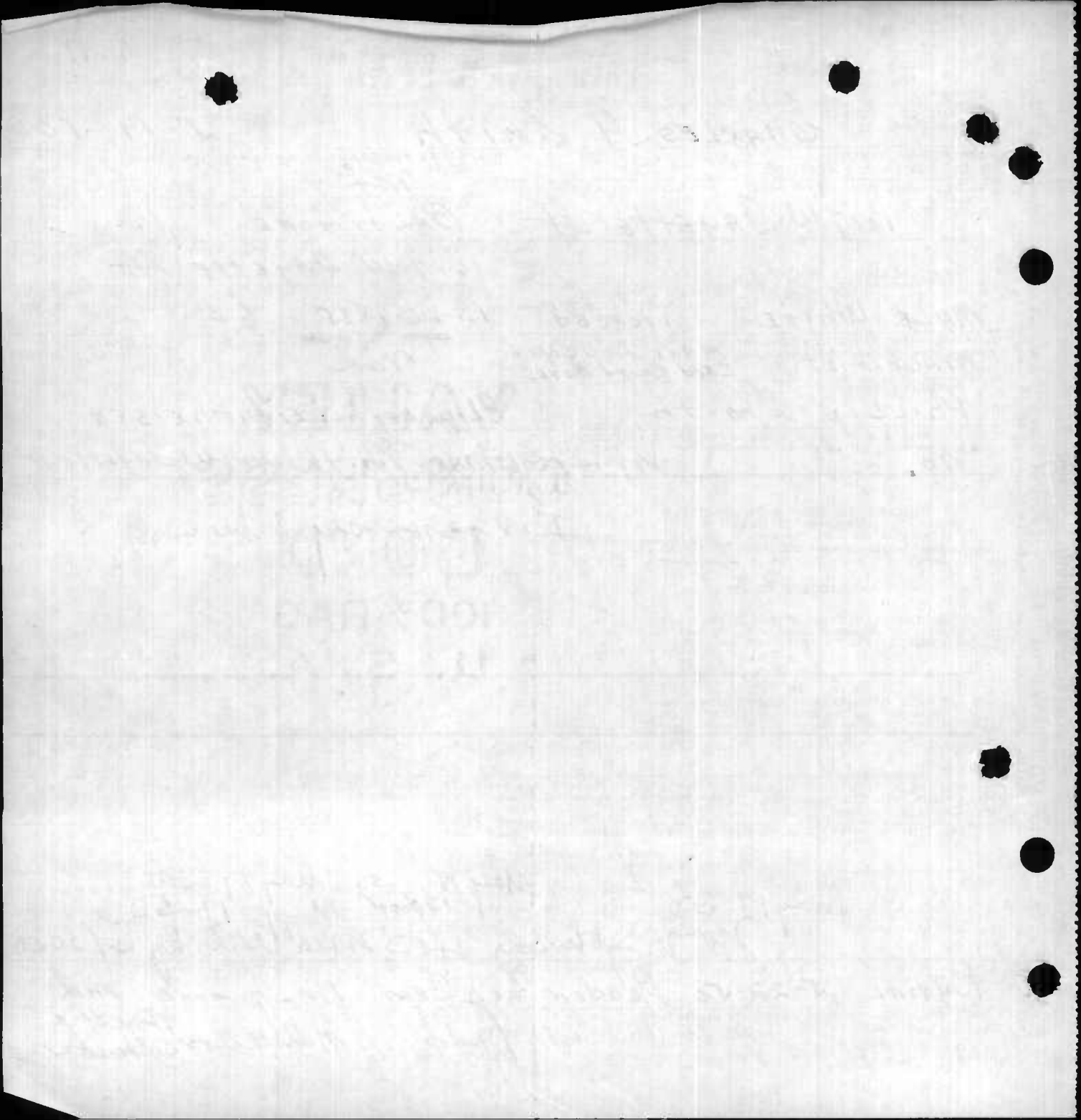
25. FUNERAL DIRECTOR

ADDRESS

MAR 21 1950
VS 150

32612

1312



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

LAURA WOMPIERSKI

2. DATE
OF
DEATH May 18, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Edgewood Nursing Home

C. CITY OR TOWN

Towson

D. STREET ADDRESS (If rural, give location)

Ellendale drive

c. Length of stay in Baltimore

3 yrs

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Sept. 18, 1901 48

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cigar Maker

10B. KIND OF BUSINESS OR
INDUSTRY

Regina Cigar Co.

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Stanley Matera

14. MOTHER'S MAIDEN NAME

Katherine ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

169-22-7971 Wm. E. Fornoff

17. INFORMANT Ellendale Drive, Towson, Md

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Tumor of brain.

malignant

2 1/2 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

over

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Nov. 1947

19B. MAJOR FINDINGS OF OPERATION

Subdural tumor of right hemisphere.

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 6, 1950, to May 18, 1950, that I last saw the
deceased alive on May 18, 1950, and that death occurred at 9.45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. J. Schacht

M. D.

23B. ADDRESS

701 N. Kenwood Ave.

23C. DATE SIGNED

5-19-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

5/22/50

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 21 1950

REGISTRAR'S SIGNATURE

Wm. J. Schacht

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.
BALTIMORE - 13, MARYLAND

ADDRESS

54 B

496X7 Seng P. Sander

Letter in document file 50-4568 - 6/5/50.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

50 4569

BIRTH NO. _____

NAME OF DECEASED
(Type or Print)

ANNA GEISLER

2. DATE
OF
DEATH

May 20. 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1421 Carswell St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore -18

D. STREET ADDRESS (If rural, give location)

1421 Carswell St.

c. Length of stay in Baltimore

45 yrs.

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Oct. 15. 1866

9. AGE (In years last birthday)

83

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

? Rogan

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

Mrs. Erna A. Kernan

ADDRESS

1421 Carswell St. Baltimore 18

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Cardiac Hypertensive Disease

3 yrs

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 24, 1950, to May 20, 1950, that I last saw the deceased alive on May 17, 1950, and that death occurred at 10:10 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Albert Eisenberg, M. D.

23B. ADDRESS

1025 E North Ave -

23C. DATE SIGNED

May 20, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 23 1950

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

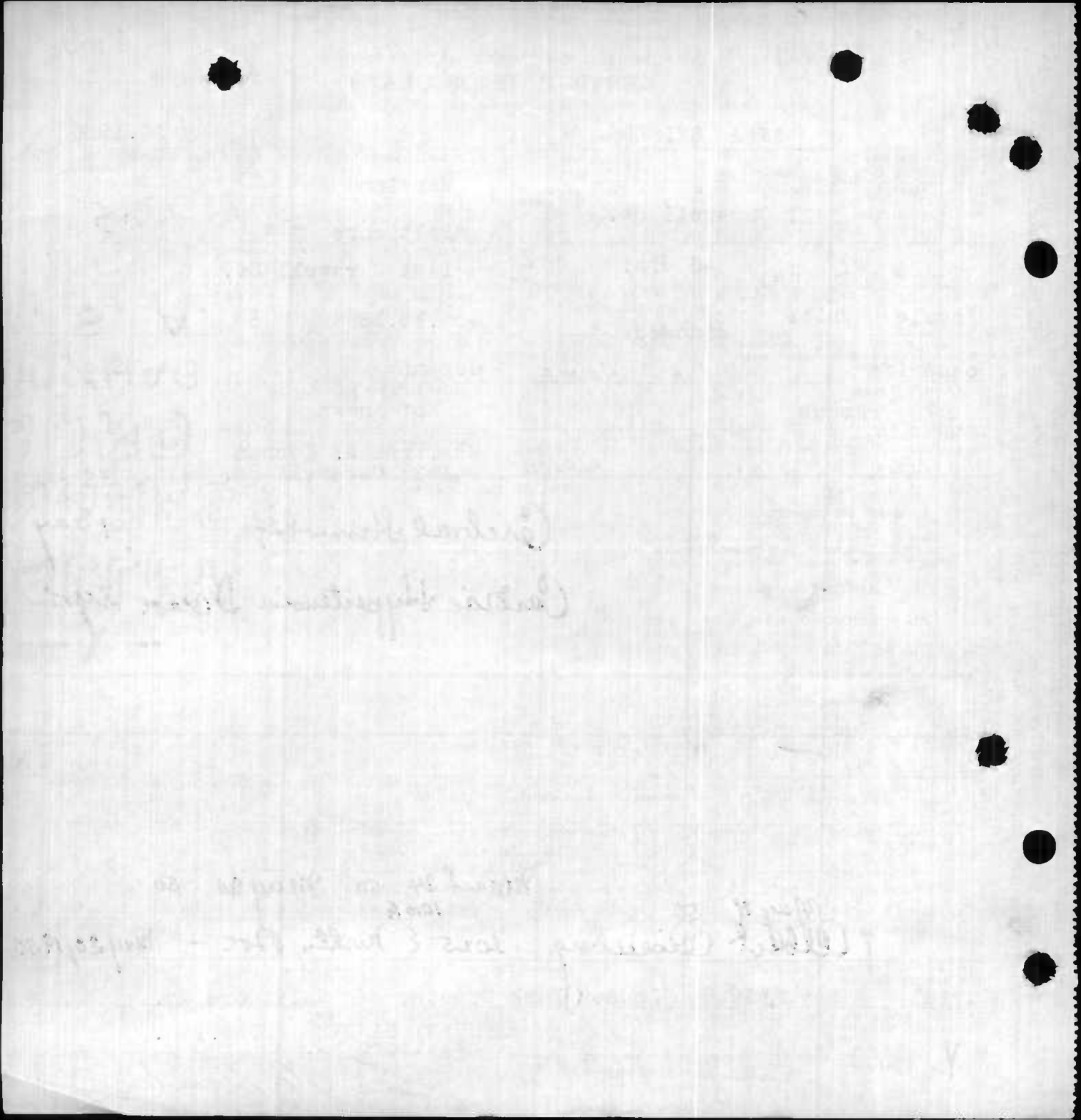
ADDRESS

Baltimore Md.

MAY 21 1950

Huntington Williams, M.D.

Henry F. Sander 932



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4570

Registered No. _____

BIRTH NO. _____

NAME OF DECEASED
(Type or Print)

Samuel Gregson

2. DATE
OF
DEATH

May 21, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY _____B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

34 Bon Secours Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 19-04D. STREET ADDRESS (If rural, give location)
28 S. Fulton Ave.

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10/22/84

9. AGE (In years last birthday)

65 yrs

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Builder

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Samuel Gregson

14. MOTHER'S MAIDEN NAME

Ann Jane Lennox

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Mrs. Lodie Gregson, 28 S. Fulton Ave.

ADDRESS

18.

154X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Intestinal obstruction
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma of Rectum
DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

5/17/50

19B. MAJOR FINDINGS OF OPERATION

Assisted large & small bowel; Ca Rectum

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/18, 1950, to 5/21, 1950, that I last saw the deceased alive on 5/21, 1950, and that death occurred at 7:45 m., from the causes and on the date stated above.

23A. SIGNATURE

Frank O. Tarantini M.D.

23B. ADDRESS

Bon Secours Hosp

23C. DATE SIGNED

5/21/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

5/24/50

24C. NAME OF CEMETERY OR CREMATORY

Atlantic City

24D. LOCATION (City, town, or county)

Atlantic City N.J.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

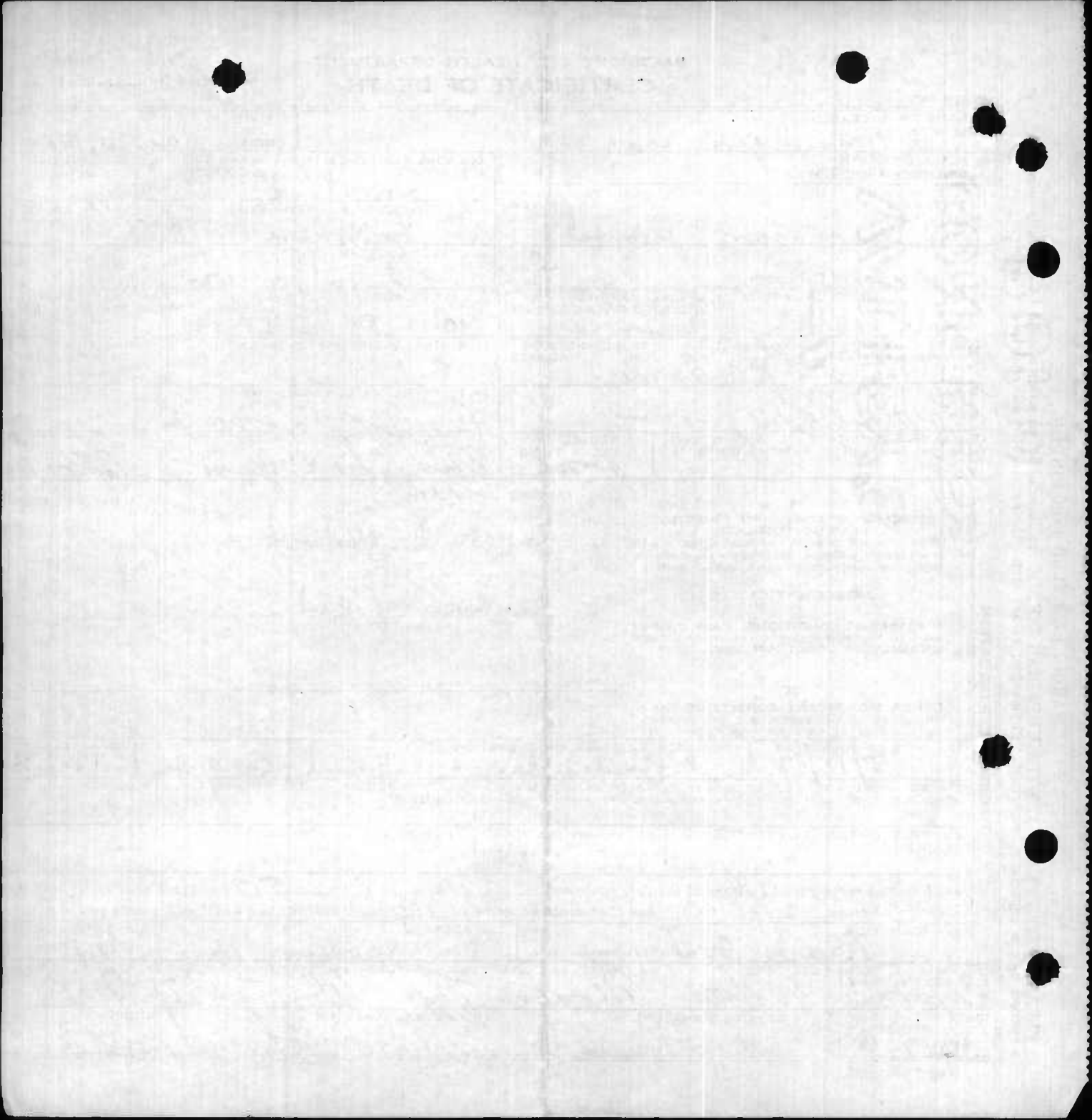
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

William C. Smith 12118 Blvd

MAY 22 1950



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4571
Registered No.

BIRTH NO.		NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		LEOGENE LORRAINE STONESIFER		21 May 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			A. STATE B. COUNTY		
University Hospital			Maryland Carroll 5600		
C. Length of stay in Baltimore			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
1 mo. 1 day			Rural, Westminster		
5. SEX			D. STREET ADDRESS (If rural, give location)		
M			Sullivan Road R.D. #3		
6. COLOR OR RACE			8. DATE OF BIRTH		
W			Jan. 16, 1949		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			9. AGE (In years last birthday)		
S			1 yr 4 mos.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country)		
Infant			Carroll Co. Md.		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
			U.S.A.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Lorraine J. Stonesifer			Adele Torney		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			17. INFORMANT ADDRESS		
No			Lorraine J. Stonesifer, Westminster, MD. 3-221		
16. SOCIAL SECURITY NO.			INTERVAL BETWEEN ONSET AND DEATH		
none					
18. CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)					
(A) Primary Carcinoma of Liver ? 1 yr					
DUE TO WITH					
(B) Multiple Pulmonary Metastases ? 5 mo					
DUE TO					
(C)					
19. DATE OF OPERATION					
19B. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 20 April, 1950, to 21 May, 1950, that I last saw the deceased alive on 20 May, 1950, and that death occurred at 5 A.M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Raymond B. Buggren		University Hsg. Balto.		5-21-50	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		5/23/50		Bachman's Cemetery near Westminster Md.	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR		Huntington Williams, Md.		J. E. Meyers, Jr.; Westminster, 46F Md.	
MAY 22 1950					

DEPT. OF DEFENSE
OFFICE OF THE SECRETARY

MEMORANDUM FOR THE SECRETARY

SUBJECT: [Illegible]

DATE: [Illegible]

BY: [Illegible]

FOR THE SECRETARY: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

C-514

50 4572

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4572

Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Joseph Campbell

2. DATE
OF
DEATH

May 20 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

JOHNS HOPKINS HOSPITAL

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1320 E. Carey St. -

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (If years
last birthday)If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 443 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.T & R 5/19/50 - for black & neck
contracture.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from May 3 1950 to May 20 1950 that I last saw the
deceased alive on May 20 1950 and that death occurred at 9:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

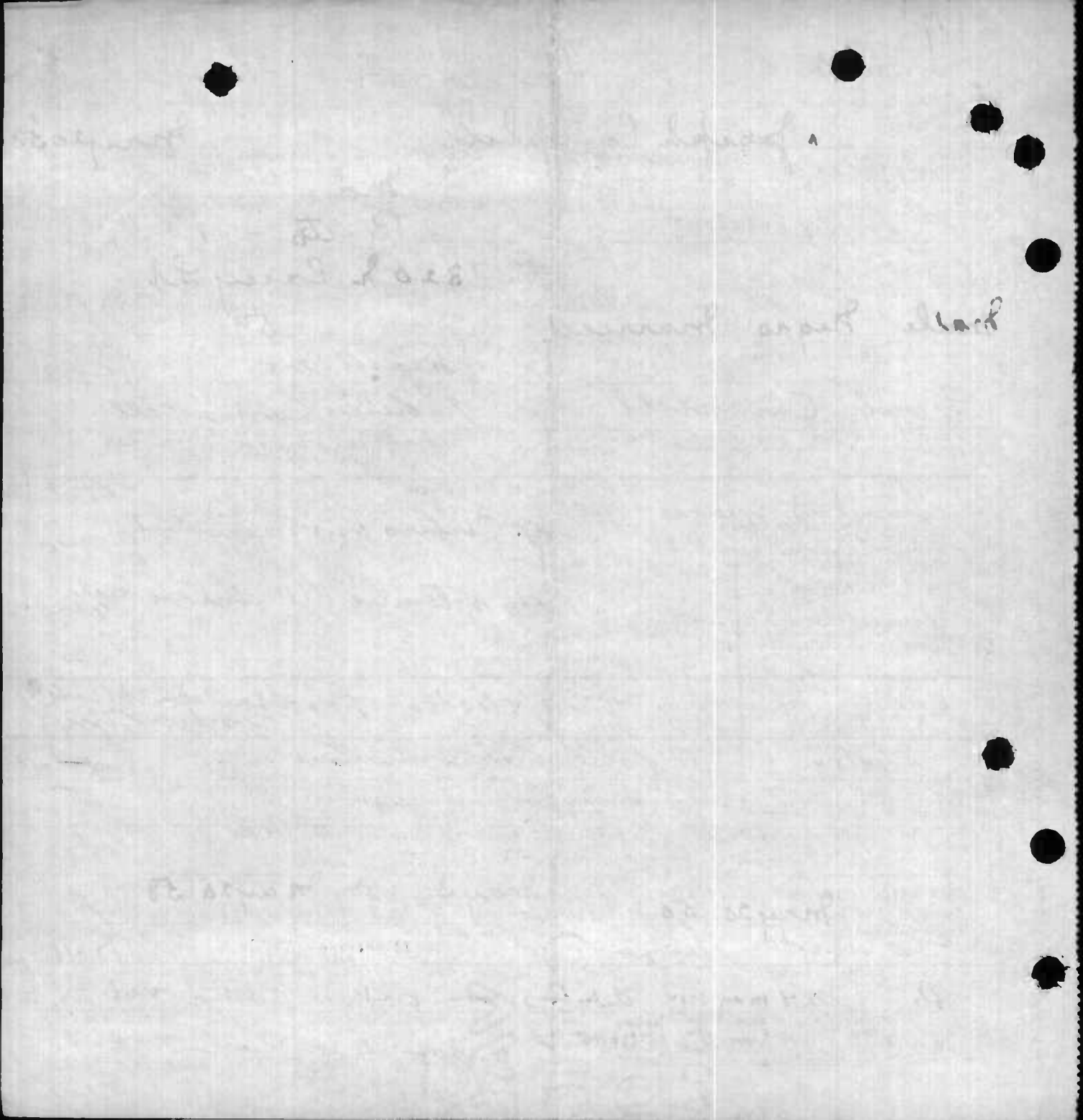
78087

135B

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4573

BIRTH NO. 48-05825

NAME OF DECEASED
(Type or Print)

BERT ROSCO SMITH

2. DATE
OF
DEATH

May 19, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

115 W. Barre Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

March 11, 1948

9. AGE (In years last birthday)

2

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Bert Chappell Smith

14. MOTHER'S MAIDEN NAME

Frances Bray

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Bert Smith 115 W. Barre Street

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Bilateral hemorrhages in adrenals

DUE TO acute septicemia, meningococcal

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐

23C. DATE SIGNED

May 20, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/23/50

24C. NAME OF CEMETERY OR CREMATORY

HALIFAX CEM.

24D. LOCATION (City, town, or county)

HALIFAX, VIRGINIA

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

JOHN F. DENNY, INC 715 LIGHT ST-30

Dr Fisher, Med. Exam

5/23/50

Dr Fales

peris

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-600

50 1574

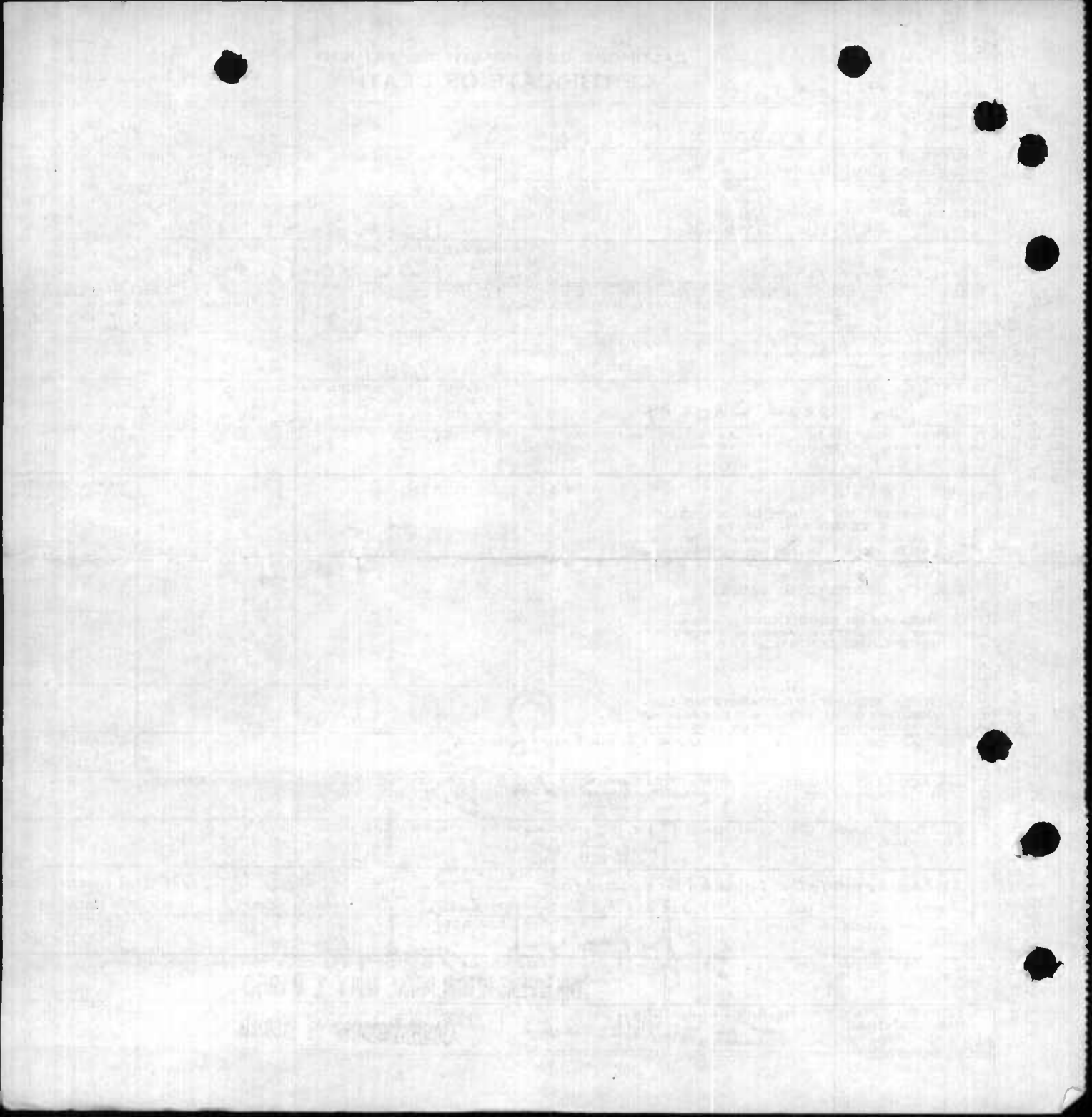
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4574

BIRTH NO. 50-13523

1. NAME OF DECEASED (Type or Print) Haywood Cherry Jr.			2. DATE OF DEATH 5-11-50		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Univ. Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 11-03		
c. Length of stay in Baltimore Yrs. 38 Mos. 1 Days 2			D. STREET ADDRESS (If rural, give location) 726 N. Euter		
5. SEX M	6. COLOR OR RACE E	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 5-10-50	9. AGE (In years: last birthday) 1 Months: 1 Days: 2	10. Under 24 hours: 20
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MD.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Haywood Cherry			14. MOTHER'S MAIDEN NAME Lovey Anna Wright		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. 776X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity (6 mos)			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
DUE TO (A)								
DUE TO (B)								
DUE TO (C)								
19. DATE OF OPERATION 5-10-50 19B. MAJOR FINDINGS OF OPERATION								
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>								
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 5-10-1950 to 5-11-1950 , that I last saw the deceased alive on 5-11-1950 , and that death occurred at 3:20 P.M. , from the causes and on the date stated above.								
23A. SIGNATURE Charles F. Hoge for MD.			23B. ADDRESS Univ. Hosp.			23C. DATE SIGNED 5-16-50		
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE			24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL		
24D. LOCATION (City, town, or county) (State)			24E. DATE RECEIVED BY LOCAL REGISTRAR MAY 22 1950					
24F. REGISTRAR'S SIGNATURE Huntington Williams, MD			24G. FUNERAL DIRECTOR Consolidated of Health			24H. ADDRESS		



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

LARKINS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4575

BIRTH NO. 50-10095

NAME OF DECEASED
(Type or Print)

BABY BOY LARKINS

2. DATE
OF
DEATH

4:30 AM 5/13/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

38 UNIVERSITY HOSPITAL

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

COL

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Yrs.
Mos.
Days

8. DATE OF BIRTH

5/12/50

9. AGE (In years,
last birthday)

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

1

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

DOUGLASS

WALTER LARKINS

14. MOTHER'S MAIDEN NAME

ANNA WILLIAMSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 762.5

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

FOCAL ATELECTASIS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

PREMATURITY

(C)

INTERVAL BETWEEN
ONSET AND DEATH

one day

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11:05 AM 5/12 to 4:30 AM 5/13, 1950, that I last saw the deceased alive on 6:00 P.M., 1950, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Leonard Bachman

23B. ADDRESS

UNIVERSITY

HOSPITAL

23C. DATE SIGNED

5/13/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

JOHN HOPKINS MEDICAL SCHOOL MAY 19 1950

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

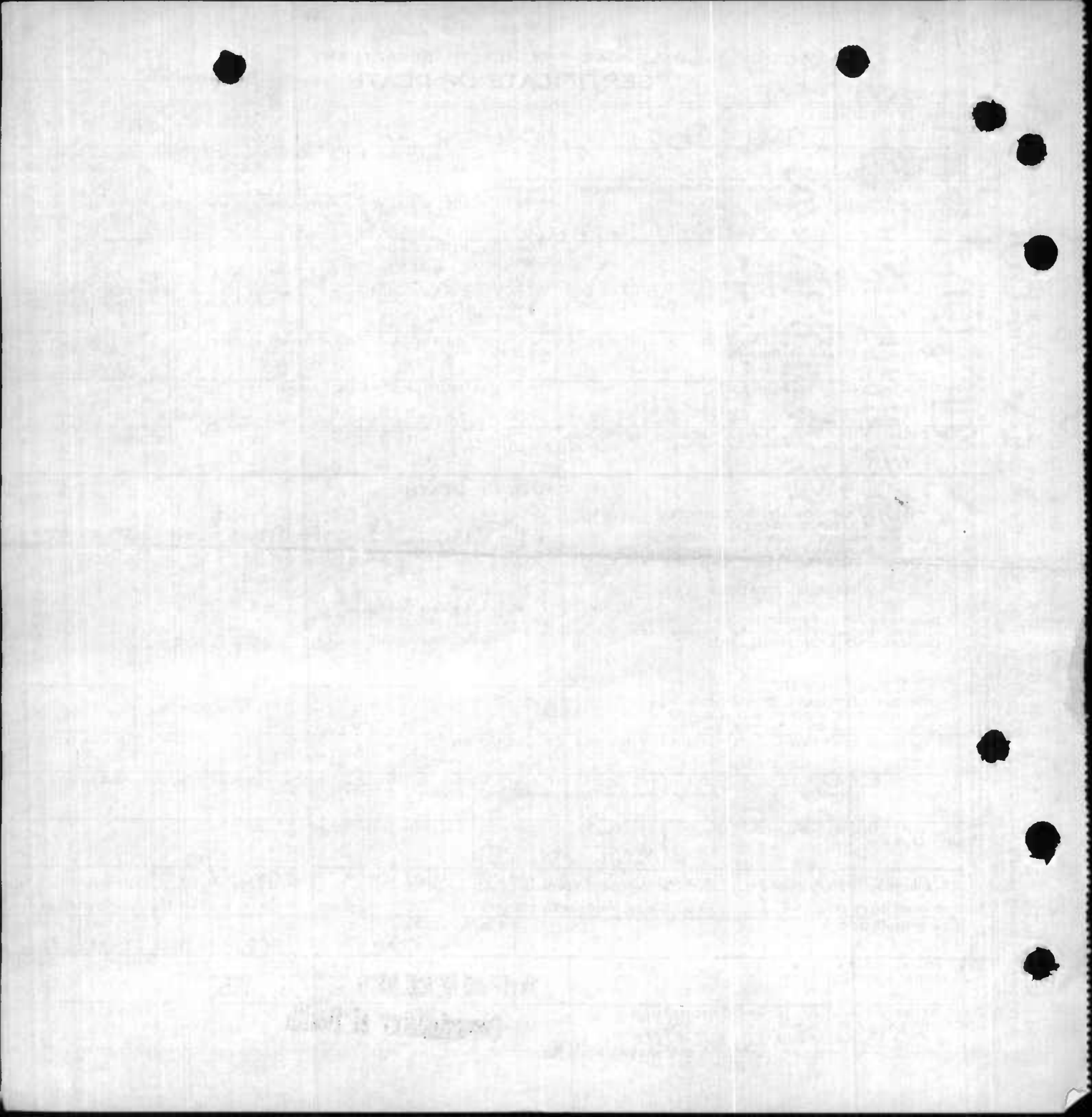
25. FUNERAL DIRECTOR

ADDRESS

MAY 22 1950

VS 150

159



G-612

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4576

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

If Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6:15 p.m., to 10:48 p.m., 1950, that I last saw the deceased alive on 10 May, 1960, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 22 1950

Huntington Williams, M.D.

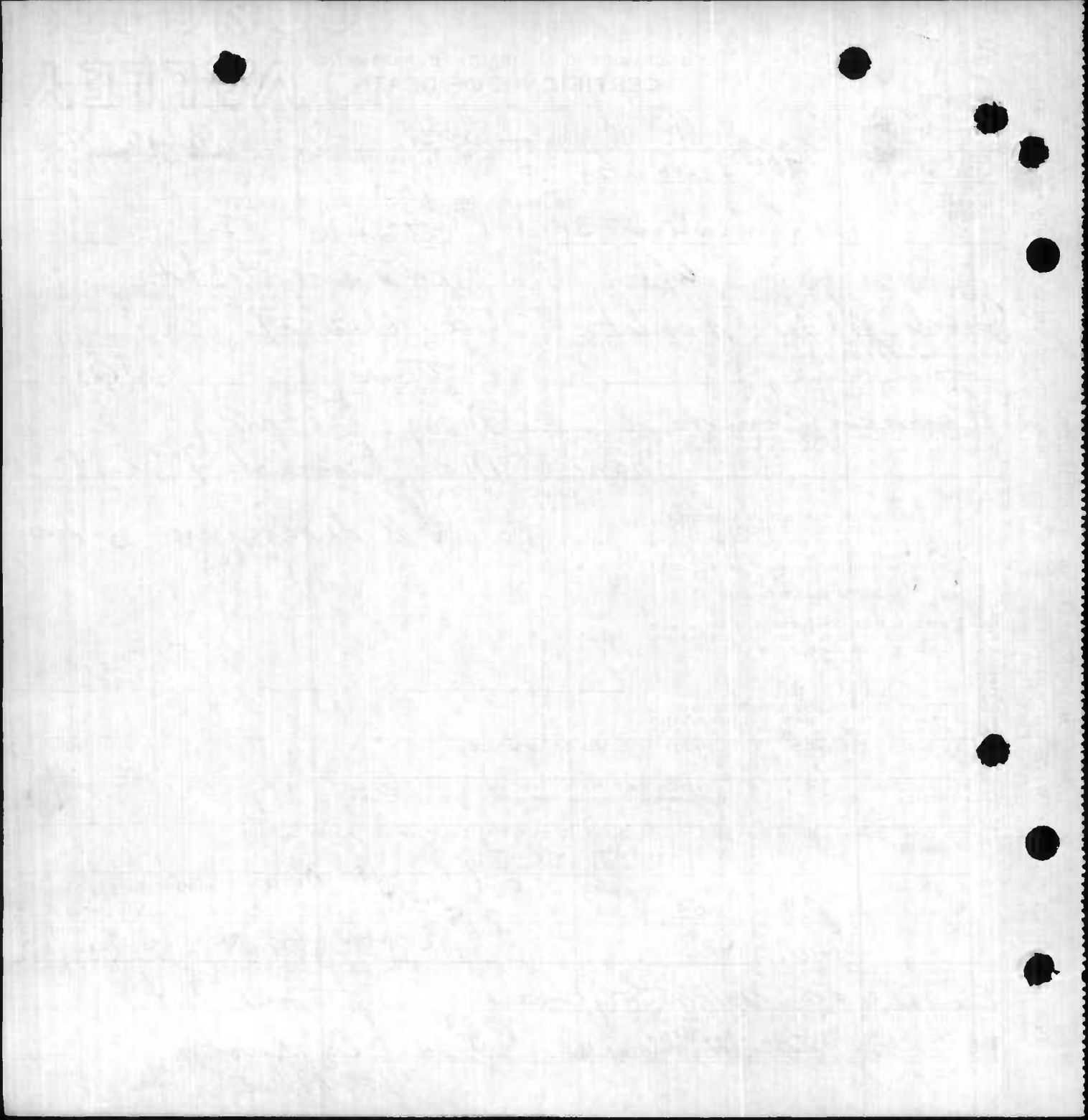
Fred W. Ozagowski

VS 150

1938 Eastern Geo 46c

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4577
Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

NELLIE L. HAMILTON

2. DATE
OF
DEATH

5/20/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1213 Light St

B. FULL NAME OF

(If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

S. Balto General Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Brooklyn Pk 5200

D. STREET ADDRESS (If rural, give location)

109-2nd Ave

c. Length of stay in Baltimore

46 Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 24, 1878

9. AGE (In years

last birthday)

72

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife - at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Bedford PA.

12. CITIZEN OF

WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John J. Miller

14. MOTHER'S MAIDEN NAME

Mary J. DeFinaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or of unknown)

No

16. SOCIAL SECURITY NO.

No

17. INFORMANT

Walter L. Sticksler

ADDRESS

109-2nd Ave

18. 332X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Cerebral arteriosclerosis

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/13, 1950, to 5/20, 1950, that I last saw the deceased alive on 5/20, 1950, and that death occurred at 3:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 22 1950

Washington Williams, M.D.

A. J. Baker & Sons 1400 Schaefer

STATE OF TEXAS
DEPARTMENT OF HEALTH

[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

50 4578

BIRTH NO. _____

NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

260X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May 18, 1950 to May 20, 1950, that I last saw the deceased alive on May 20, 1950, and that death occurred at 12:55 Am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY, OR CREMATORY

24D. LOCATION (City, town, or county)

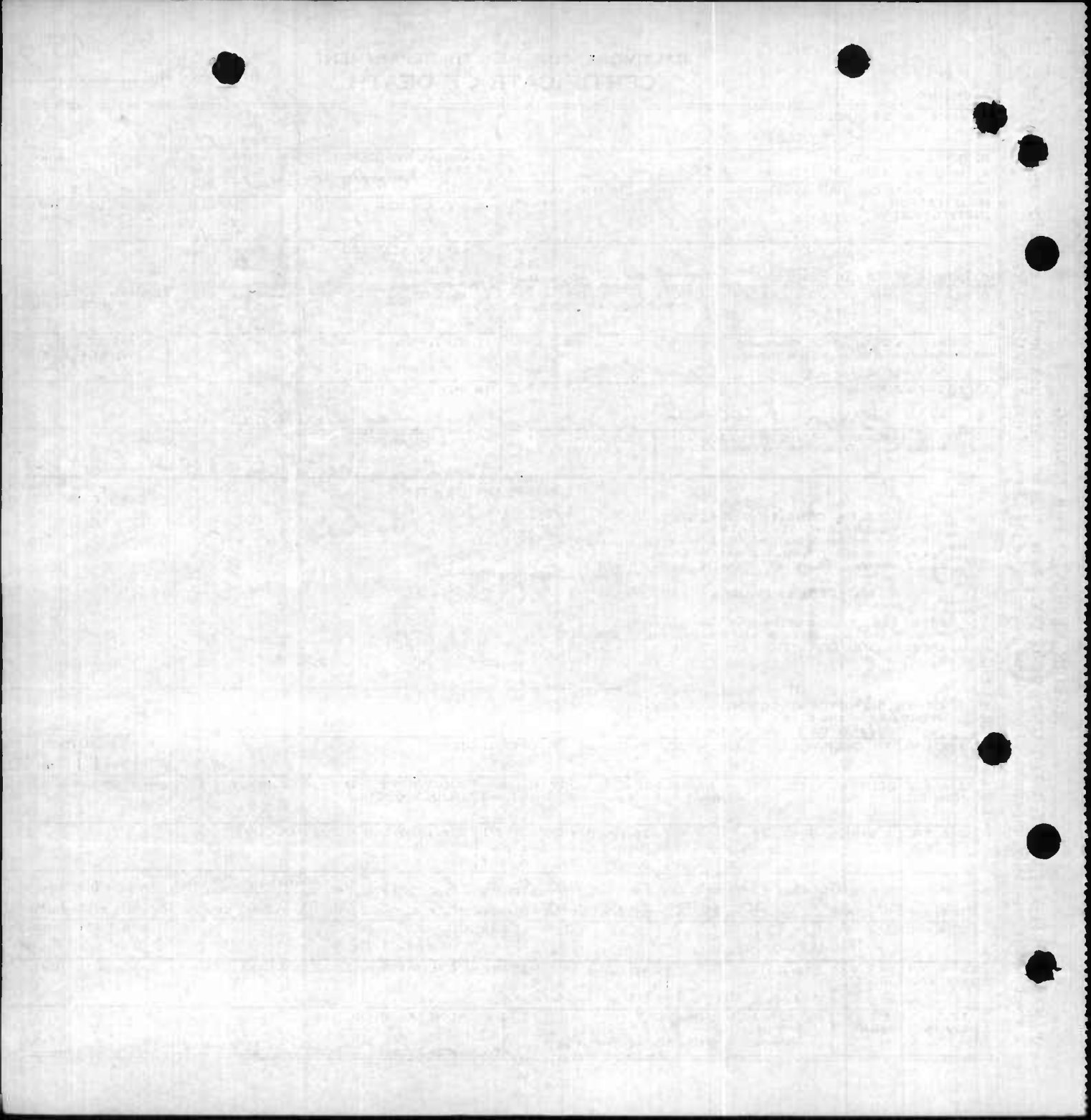
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



C-500

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4579

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARIE LOUISE CONWAY

2. DATE
OF
DEATH

May 21, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

West Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

20-02

D. STREET ADDRESS (If rural, give location)

2411 Edmondson Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Aug. 22, 1879

9. AGE (In years
last birthday)

70

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Organist Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Theatre

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Louis F. Oelmann

14. MOTHER'S MAIDEN NAME

Elizabeth Henchey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Frederick W. Oelmann 7411 Edmondson Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Earl L. Royer, M.D. per: R S Fisher M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

May 22, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

May 24, 1950

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Bald. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

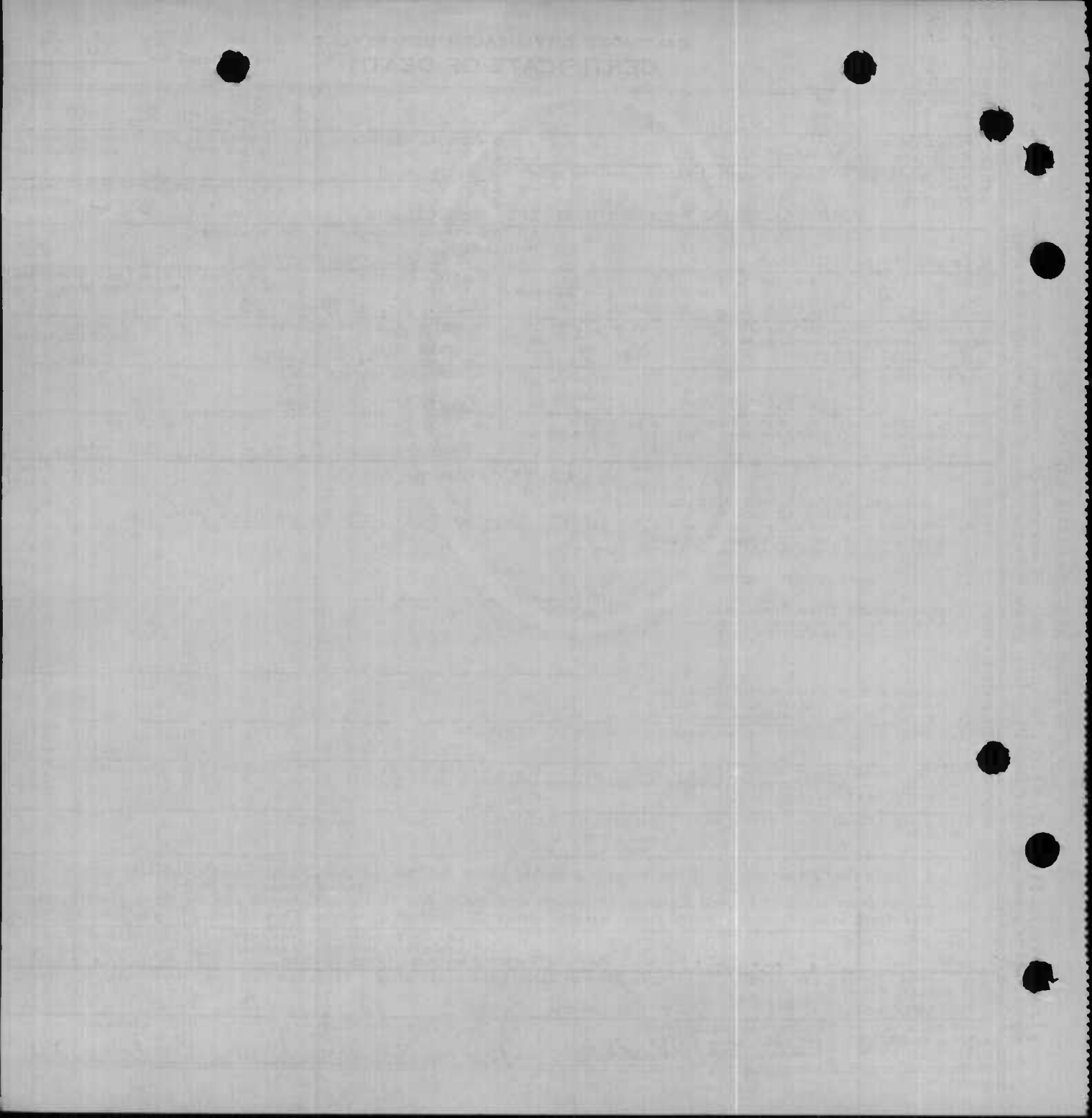
ADDRESS

Mrs. John W. Teufel & Son 5311 Edmondson

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4580

BIRTH NO. 50-10032

NAME OF DECEASED
(Type or Print)

Baby Boy LBAldo

2. DATE
OF
DEATH

5/20/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mary Hospital

C. Length of stay in Baltimore

5 hrs.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

5-20-50

9. AGE (In years last birthday)

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Mary Hospital

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles L Baldi

14. MOTHER'S MAIDEN NAME

Josephine Frorini

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mother

18. 774X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Respiratory failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Prematurity

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/20, 1950, to 5/20, 1950, that I last saw the deceased alive on 5/20, 1950, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Ann Powell, Jr.

M. D.

23B. ADDRESS

Mary Hospital

23C. DATE SIGNED

5/22/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 22 1950

VS 150

John R. Miller 2334 Jefferson St.

159

UNITED STATES DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL CENTER FOR HUMAN GENEtics

Genetic Engineering

Genetic Engineering

Genetic Engineering

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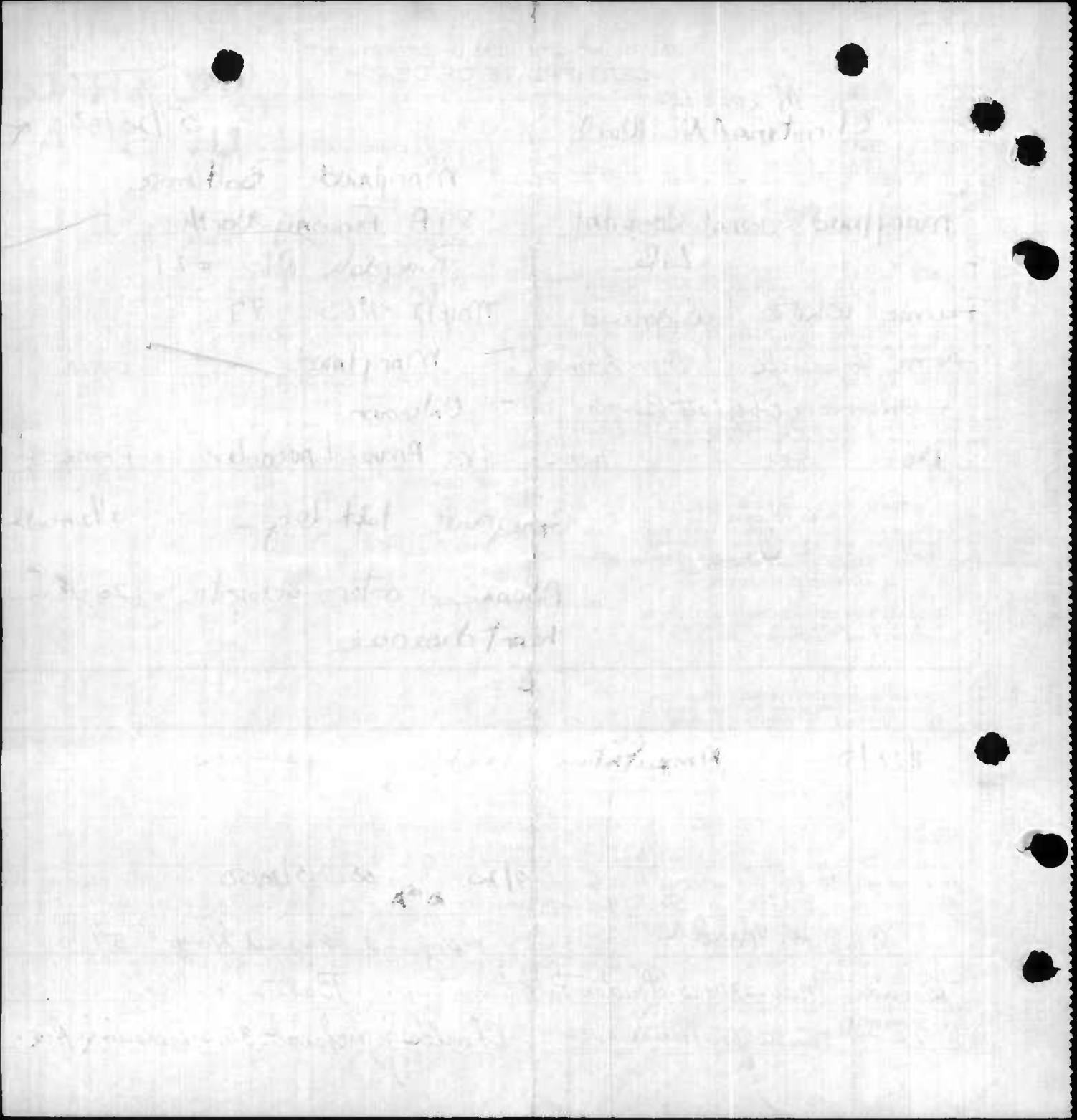
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4581

BIRTH NO. 14581		NAME OF DECEASED (Type or Print) <i>M. L. ECHHEL</i> <i>Christina McNeil</i>		2. DATE OF DEATH <i>5/20/50</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> - <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>89 A Tenney North</i>		
C. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>Riverdale Dts #21 5300</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>May 12 - 1863</i>	9. AGE (In years last birthday) <i>87</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Homewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
13. FATHER'S NAME <i>Unknown Eberhart Bergen</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT ADDRESS <i>Mrs. Angus Lancaster</i> <i>Same</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>420.0 I</i> CAUSE OF DEATH (A) <i>Gangrene left leg -</i> DUE TO ANTECEDENT CAUSES (B) <i>Advanced arterio-sclerotic</i> DUE TO <i>heart disease</i> (C)			INTERVAL BETWEEN ONSET AND DEATH <i>1 1/2 month</i> <i>2 years</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>4/22/50</i>		19B. MAJOR FINDINGS OF OPERATION <i>Amputation left leg - gangrene</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4/20</i> 19 <i>50</i> , to <i>5/20/50</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>5/20</i> , 19 <i>50</i> , and that death occurred at <i>6:15 A.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Paul H. Harold</i>		23B. ADDRESS <i>Maryland General Hosp</i>		23C. DATE SIGNED <i>5/20</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>May-23/1950</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Loudon Park Cemetery</i>	
24D. LOCATION (City, town, or county) <i>Baltimore - Md.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 22 1950</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
24G. FUNERAL DIRECTOR <i>Charles J. Schwab</i>		24H. ADDRESS <i>3512 Frederick Ave.</i>		24I. VS 150	

937



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4582
Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Estelle M. Koehnle

2. DATE
OF
DEATH

May 19/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

5132 Edmondson Ave.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

28-04

D. STREET ADDRESS (If rural, give location)

5132 Edmondson Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 16, 1890

9. AGE (In years, last birthday)

59

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Robert Smallwood

14. MOTHER'S MAIDEN NAME

Louise Braun

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Harry G. Koehnle, 5132 Edmondson Ave

18. 442 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

Spontaneous Sub-Arachnoid Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

3 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

Hypertensive

10 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Cardio Vascular Renal Disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from August 1935, to May 19, 1950, that I last saw the deceased alive on May 19, 1950, and that death occurred at 6:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Altha H. Crowther

M. D.

23B. ADDRESS

4209 Frederick Ave

23C. DATE SIGNED

5/21/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 22/50

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town or county)

Edmondson Ave. & Longwood St

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 22 1950

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

Harry A. Ditzel

ADDRESS

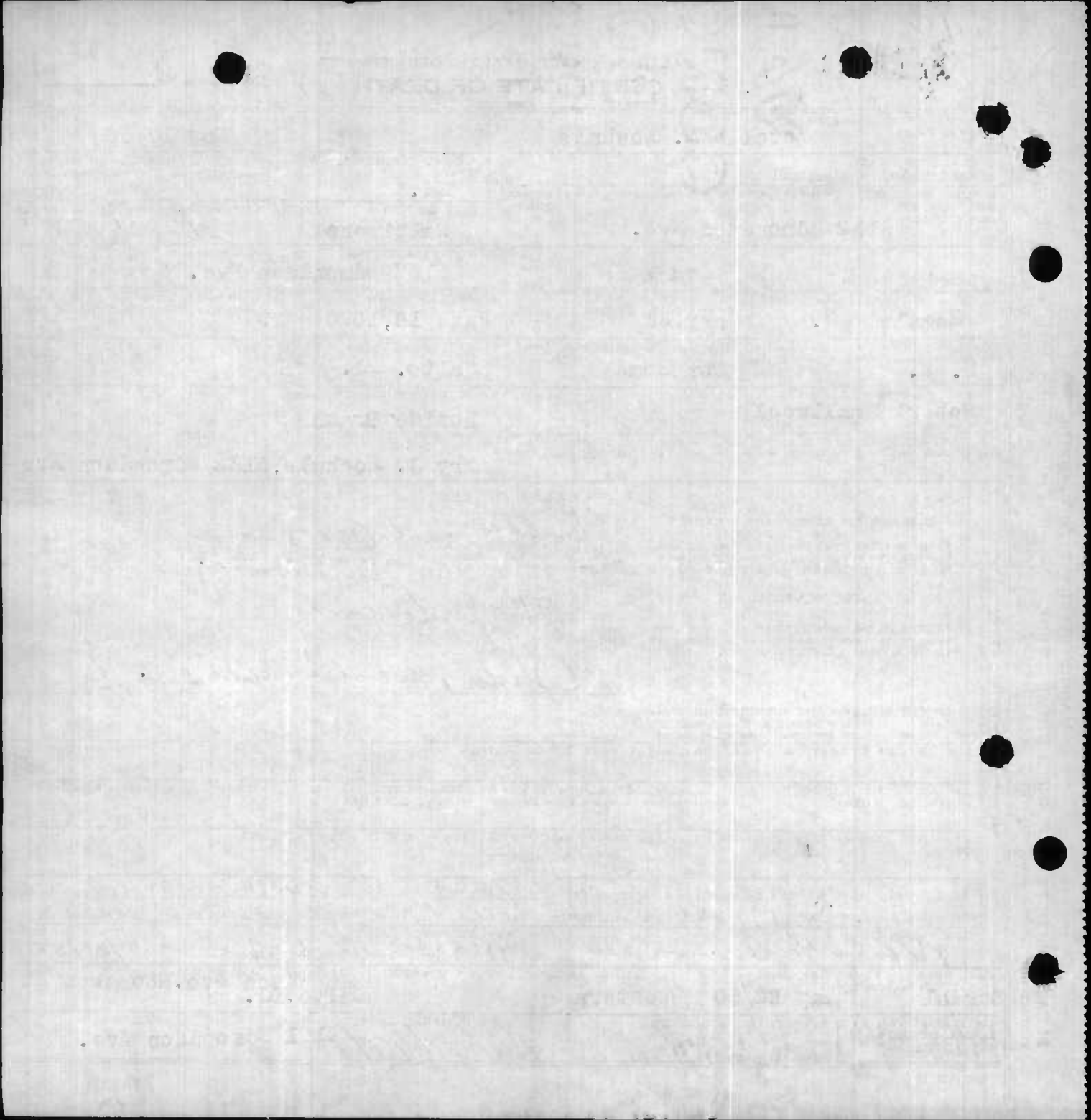
4101 Edmondson Ave.

VS 150

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4583

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Kelly

2. DATE
OF
DEATH

May 20, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Mercy Hospital

C. Length of stay in Baltimore

5. SEX
M

6. COLOR OR RACE
W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Dec 13, 1898

9. AGE (in years last birthday)

51

If Under 1 Year
Months: Days:

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)

Marine Engineer

10B. KIND OF BUSINESS OR INDUSTRY

Abroad Ship's

11. BIRTHPLACE (State or foreign country)

Boston Mass

12. CITIZEN OF WHAT COUNTRY?

FATHER'S NAME

James Kelly

14. MOTHER'S MAIDEN NAME

Mary Maxwell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give dates of service)

Yes

16. SOCIAL SECURITY NO.

17. INFORMANT

Selma Kelly, 421 Biddle St

18. E900.0

CAUSE OF DEATH

DISEASE OR CONDICTION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture of skull & intracranial
Hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Acute Alcoholism

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

42 W. Biddle St.

11/2

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

May 20, 1950

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

basement
Fall down outside steps leading to

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Earl H. Rogers

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

May 20, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Buried

24B. DATE

7/23/50

24C. NAME OF CEMETERY OR CREMATORY

National

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 22 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

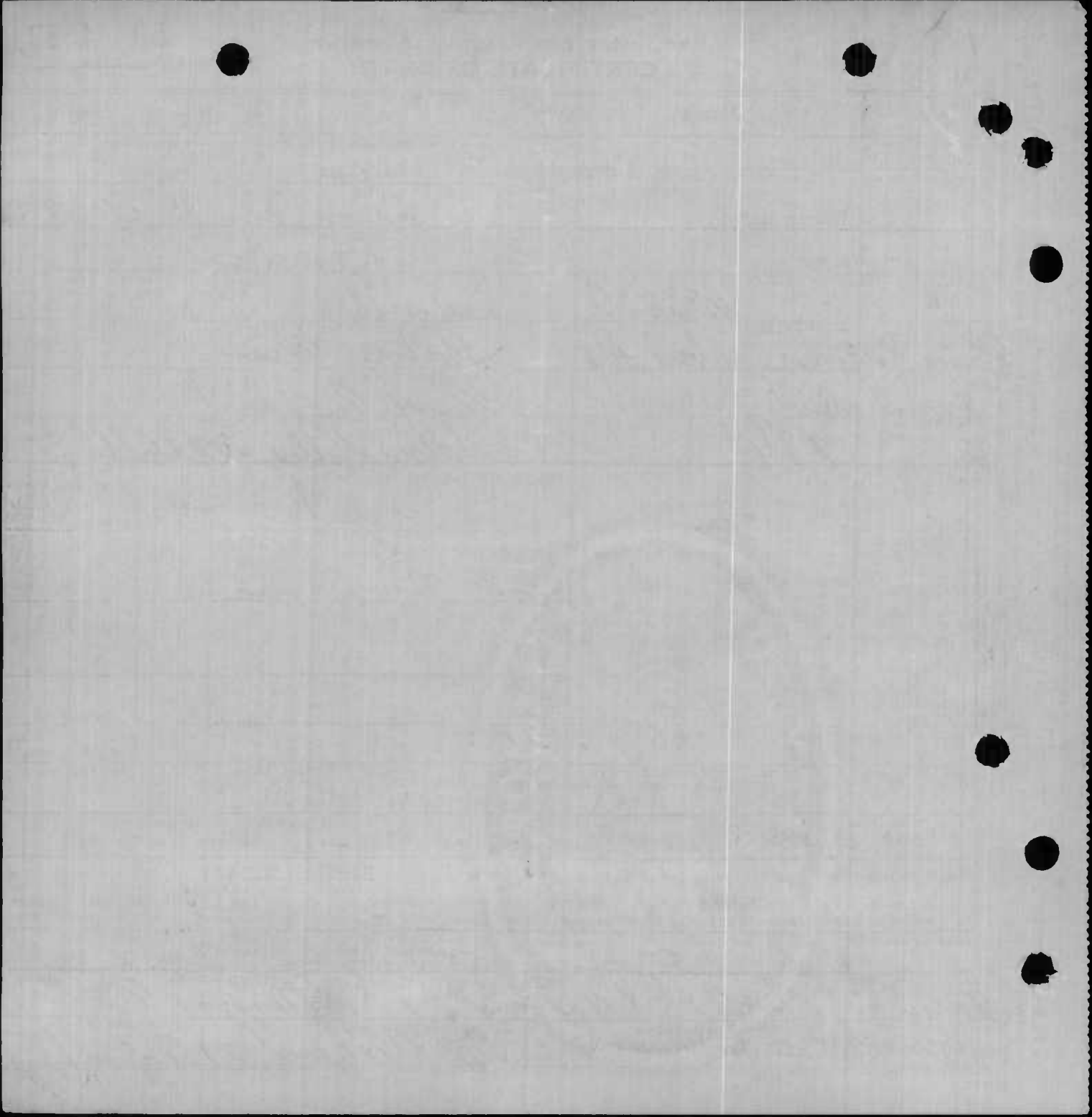
25. FUNERAL DIRECTOR

Morgan 1214 E. Coul St

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4584
Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

MARIE POLACEK

2. DATE OF DEATH
May 20, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 623 N. Curley St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 7-01

c. Length of stay in Baltimore

45 years

D. STREET ADDRESS (If rural, give location)
623 N. Curley St.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec. 3, 1864

9. AGE (In years last birthday)

85

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Czechoslovakia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles Kopecky

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Henry Polacek, son, 623 N. Curley St.

18. 422.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *Arteriosclerotic Cardiovascular Disease*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Inspection Inquiry* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

John R. Davis

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
5/21/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 23, 1950

24C. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

24D. LOCATION (City, town, or county)

Horner's Lane, Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 22 1950

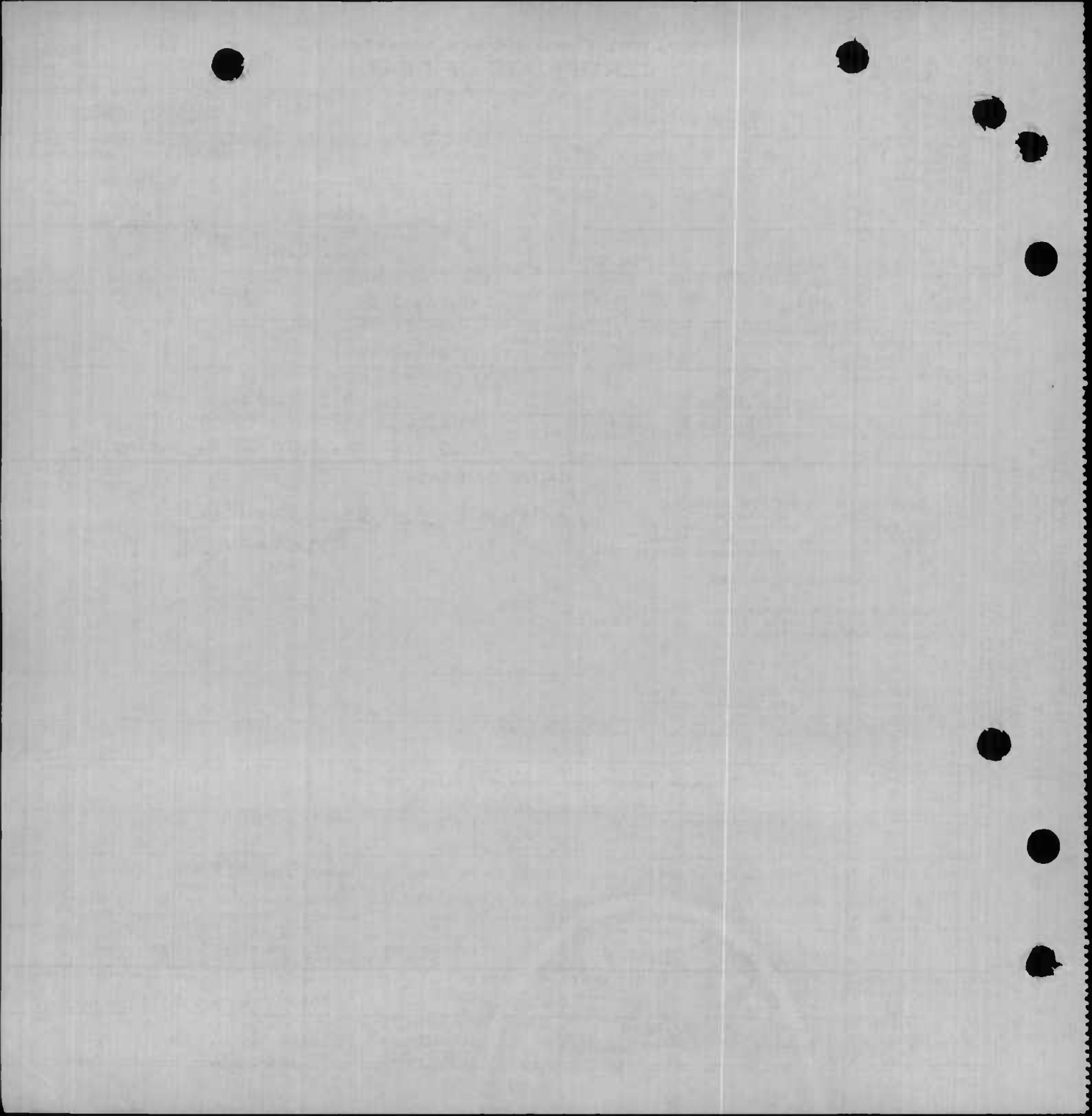
REGISTRAR'S SIGNATURE

William M. Williams

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.
8601-3-5 E. Madison St.

ADDRESS



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4585

Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Graff, Rose Catherine

2. DATE
OF
DEATH May 20, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
NURSING HOME (If not in hospital or institution, give street address or location)

St. Joseph's

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1605 N. Wolfe St.

c. Length of stay in Baltimore

Lys

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 27, 1908

9. AGE (In years
last birthday)

41

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Hwfe.

10B. KIND OF BUSINESS OR
INDUSTRY

Own home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Andrew

Stanawski

14. MOTHER'S MAIDEN NAME

Karolina

Pensch

(PERSAK)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Edward Pruss 1605 N. Wolfe St.

18. 5810

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

(A) Terminal Cholaemia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Hepatic Cirrhosis

(C)

INTERVAL BETWEEN
ONSET AND DEATH

4 days

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from May 5, 1950 to May 20, 1950, that I last saw the deceased alive on May 19, 1950, and that death occurred at 3:05 a.m., from the causes and on the date stated above.

23A. SIGNATURE

S. K. Kaan

M. D.

23B. ADDRESS

1100 N. Caroline St.

23C. DATE SIGNED

May 20, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial

May 23 1950 Holy Rosary

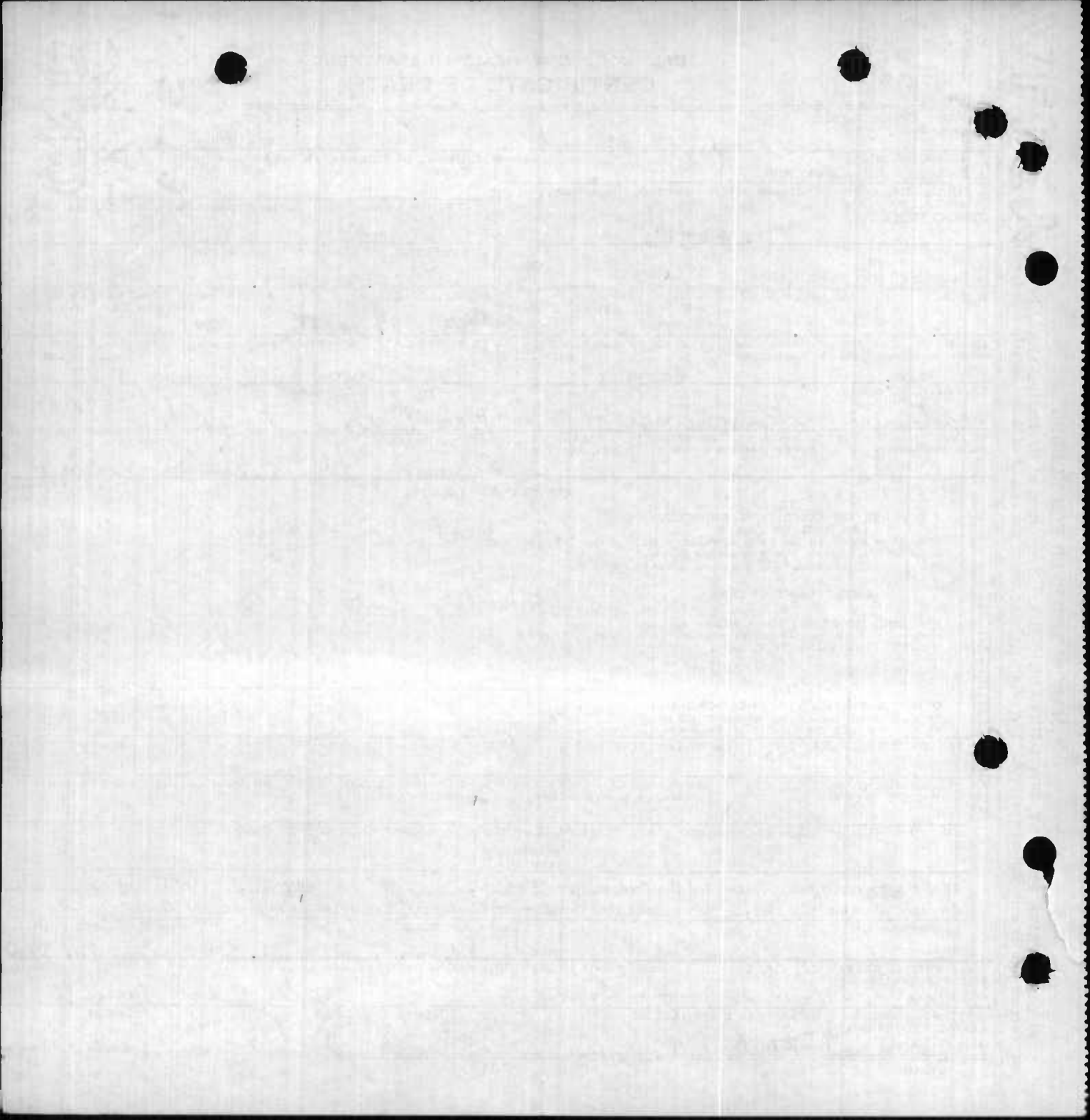
Baltimore

County

Huntington Williams, M.D.

John M. Weber

401 S. Chester St.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-630
50 4586BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 4586

BIRTH NO.		NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		F. Clarence Grote		5/19/50	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived/If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life ? Yrs Mos. Days			D. STREET ADDRESS (If rural, give location) 423 W. Saratoga St.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/6/1884	9. AGE (in years last birthday) 66	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Motion Picture Operator		10B. KIND OF BUSINESS OR INDUSTRY Motion Picture		11. BIRTHPLACE (State or foreign country) Md. Baltimore City,	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Francis Grote		14. MOTHER'S MAIDEN NAME Emma Kach	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Unknown		16. SOCIAL SECURITY NO. 216-09-4236		17. INFORMANT ADDRESS Bertha Grote 423 W. Saratoga St.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Congestive heart failure DUE TO (B) Arteriosclerotic CVD DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes Mellitus			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/4 1950 to 5/19 1950, that I last saw the deceased alive on 5/19 1950 and that death occurred at 6 ²² a.m., from the causes and on the date stated above.					
23A. SIGNATURE Herbert J. Lickas		23B. ADDRESS St. Agnes Hospital		23C. DATE SIGNED 5/19/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 22, 1950		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery,	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR MAY 22 1950		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR B. Vernon Lemmon		ADDRESS 4611 Park Heights Ave.			

VS 150

4809V

61

113

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4587
Registered No. _____

5-536
50 4587
BIRTH NO. _____

1. NAME OF DECEASED (Last name or Print)		Charles M. Snyder		2. DATE OF DEATH		May 20, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.			
B. FULL NAME OF HOSPITAL OR INSTITUTION 3632 Yolando Rd.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 9-03			
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 3632 Yolando Ave Rd.			
5. SEX M.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Aug 8, 1872	9. AGE (In years last birthday) 77	If Under 1 Year Months: Days	If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life. If retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Telegraph Oper.		Western Union		Balto, Md.		U.S.A.	
13. FATHER'S NAME James S. Snyder				14. MOTHER'S MAIDEN NAME Waller			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS			
no		none		Mrs Lily M. Snyder 3632 Yolando Rd.			

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		4 yrs.	
(A) Myocarditis			
DUE TO			
ANTECEDENT CAUSES			
(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO	
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 1949, to 20 May, 1950, that I last saw the deceased alive on 20 May, 1950, and that death occurred at 9:15 P.M., from the causes and on the date stated above.					
23A. SIGNATURE Dr. Bruce Hooper		23B. ADDRESS 3524 Ellerslie		23C. DATE SIGNED 22 May 50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/23/50		24C. NAME OF CEMETERY OR CREMATORY Parkwood	
24D. LOCATION (City, town, or county) Taylor Ave, Md.		24E. FUNERAL DIRECTOR Medred J. Bleight		24F. ADDRESS 6009 Hayford	
DATE RECEIVED BY LOCAL REGISTRAR MAY 22 1950		REGISTRAR'S SIGNATURE Wilmington Williams, M.D.		25. FUNERAL DIRECTOR Medred J. Bleight	

Dr. Hooper
353 Ellendale

1030

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4588

Registered No. _____

BIRTH NO. _____

NAME OF DECEASED
(Type or Print) *George Helfrich*

2. DATE
OF
DEATH

May 20, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland *JOHNS HOPKINS HOSPITAL*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *md.* B. COUNTY *Baltimore*

B. FULL NAME OF HOSPITAL OR INSTITUTION
JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Dundalk 5300

C. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)
6909 Railway Ave.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday)

10 Under 1 Year
Months: Days
11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT *JOHNS HOPKINS HOSPITAL* ADDRESS

18. *422.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Arteriosclerotic cardiovascular disease & heart failure*
DUE TO

2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of prostate

8 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5-19* 19*50* to *5-20*, 1950 that I last saw the deceased alive on *5-20*, 1950, and that death occurred at *10:30 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

51B

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

at the electric company

2/28/80 because of that failure

2/28/80 stating for information

2/28/80 H. J. H. H.

2/28/80

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4589

BIRTH NO.

NAME OF DECEASED
(Type or Print)

THOMAS F. BARRY

2. DATE
OF
DEATH

5-20-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

MD.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

ST. JOSEPH'S HOSP.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.

27-10

c. Length of stay in Baltimore

79

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

837 BELGIAN AVE.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

9-29, 1870

9. AGE (In years
last birthday)

79

10. Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

ORGANIST

10B. KIND OF BUSINESS OR
INDUSTRY

CHURCH

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Samuel H. Barry

14. MOTHER'S MAIDEN NAME

Racheal Wiedner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. B.O. Barnitz, 837 Belgian Avenue

18.

153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Internal obstruction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Carcinoma of descending colon

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Generalized arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 5-5, 1950 to 5-20, 1950 that I last saw the
deceased alive on 5-19, 1950, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. Joseph Krejci

M. D.

23B. ADDRESS

1400 N. Caroline St

23C. DATE SIGNED

5-20-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/23/50

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

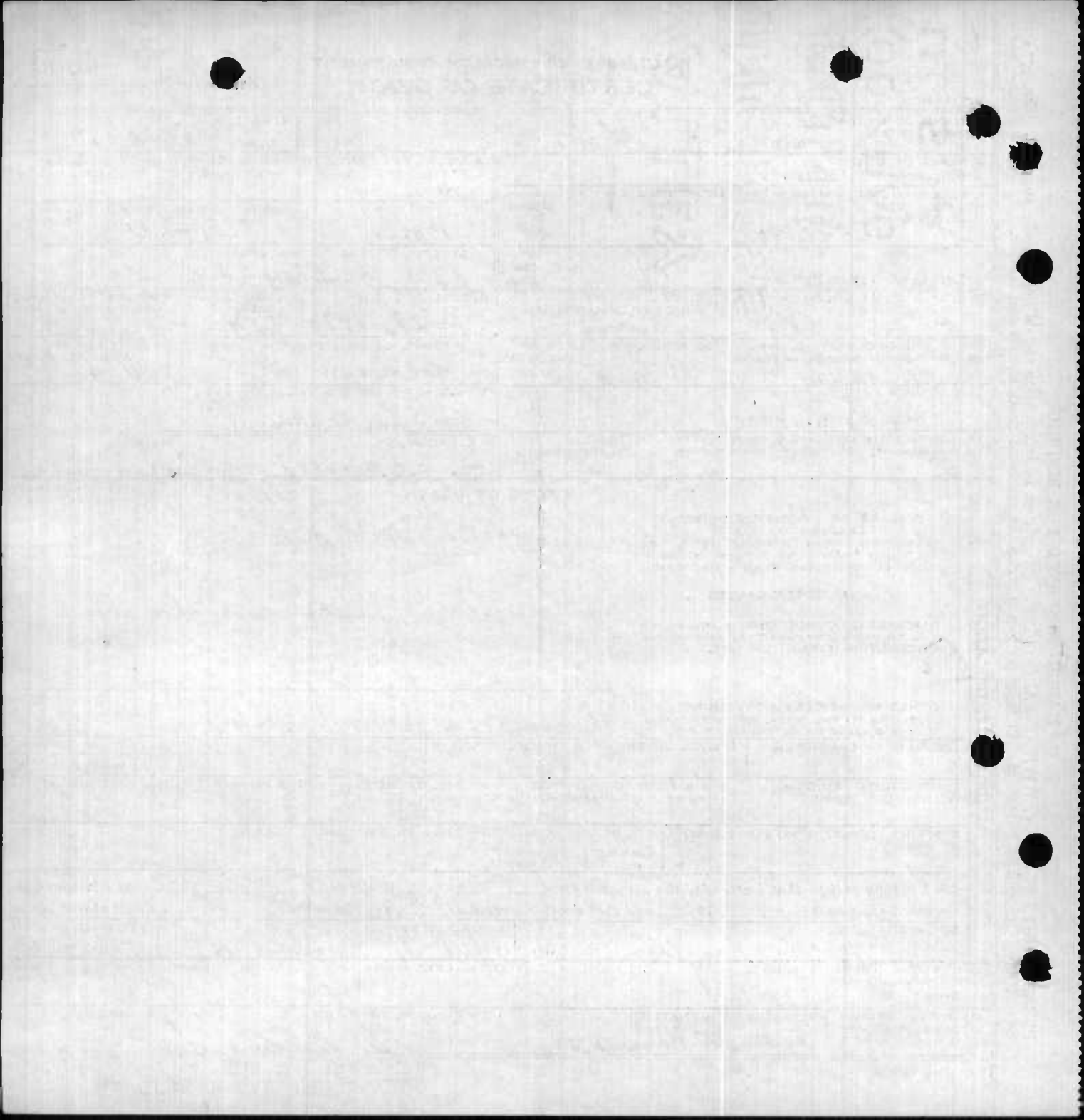
25. FUNERAL DIRECTOR

ADDRESS

WIEDEFELD & SON

GREENMOUNT AVE & 22ND

46E



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4580

Registered No. _____

BIRTH NO. _____

NAME OF DECEASED
(Type or Print)

VIOLA M. GROVES

2. DATE
OF
DEATH

May 20, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4016 Dorchester Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

(If outside corporate limits, write RURAL and give township)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

Baltimore

15-10

D. STREET ADDRESS (If rural, give location)

4016 Dorchester Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb. 25, 1872

9. AGE (In years
last birthday)

78

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Home

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

George De Gaw

14. MOTHER'S MAIDEN NAME

Ann V. Leonard

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Mr. Paul De G. Groves 4016 Dorchester Rd.

18.

442X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

(A) - Hypertensive Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

10 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Anterior - Sclerotic

10 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) - Chronic Tachycardia

5 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from April 30, 1945, to May 20, 1950, that I last saw the deceased alive on May 20, 1950, and that death occurred at 6:40 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Earl L. Chambers

M. D.

23B. ADDRESS

4108 Liberty Hts. Ave.

23C. DATE SIGNED

5/22/50

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

5-23-50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Pk. Cem.

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Christington Williams, M.D.

25. FUNERAL DIRECTOR

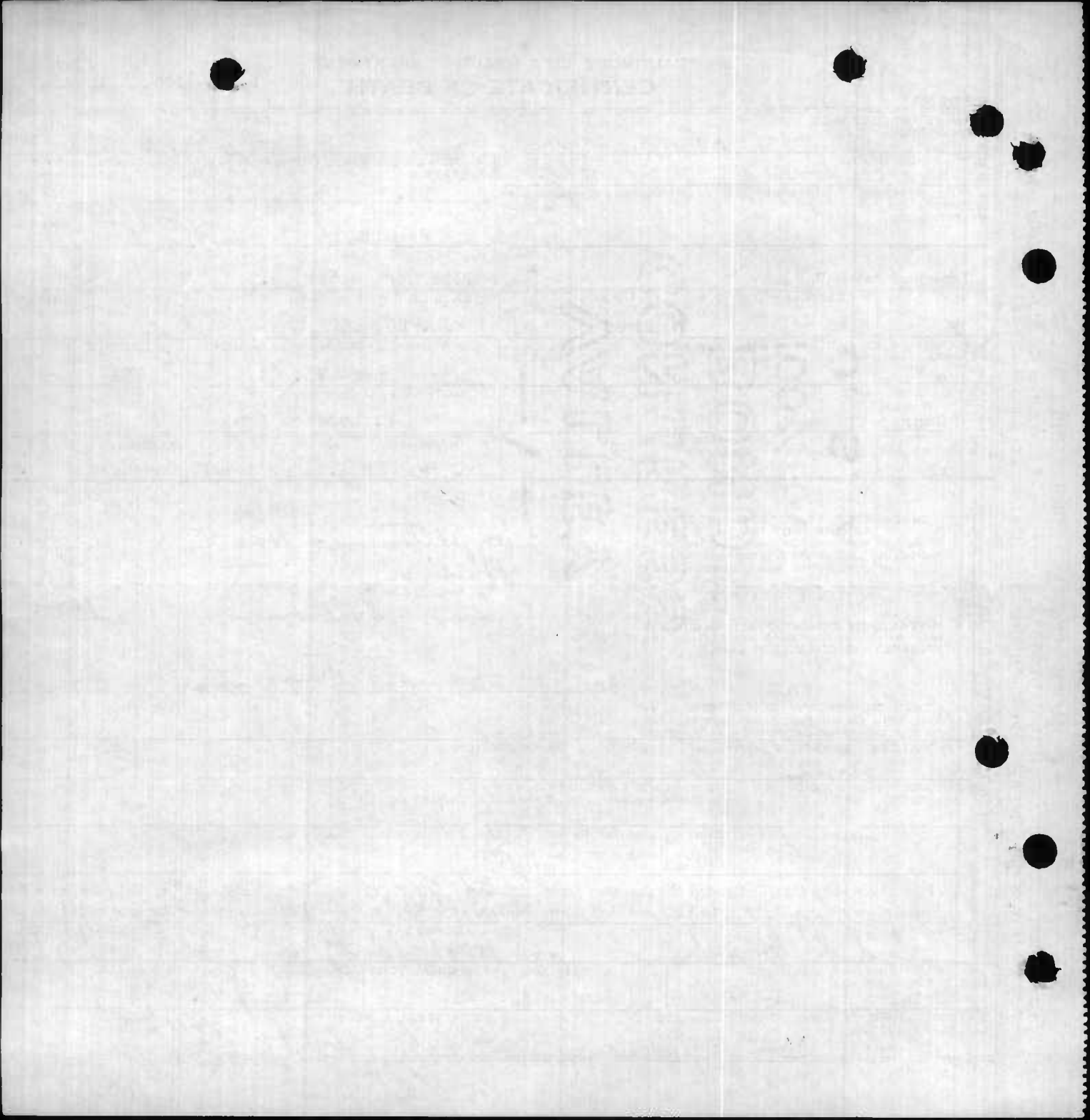
Wm. T. Tucker & Sons Inc.

ADDRESS

North - Pa
Baltimore Md.MAY 22 1950
VS-150

131a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be written fully, sup-
correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4591
Registered No. _____

50 4591
BIRTH NO. _____

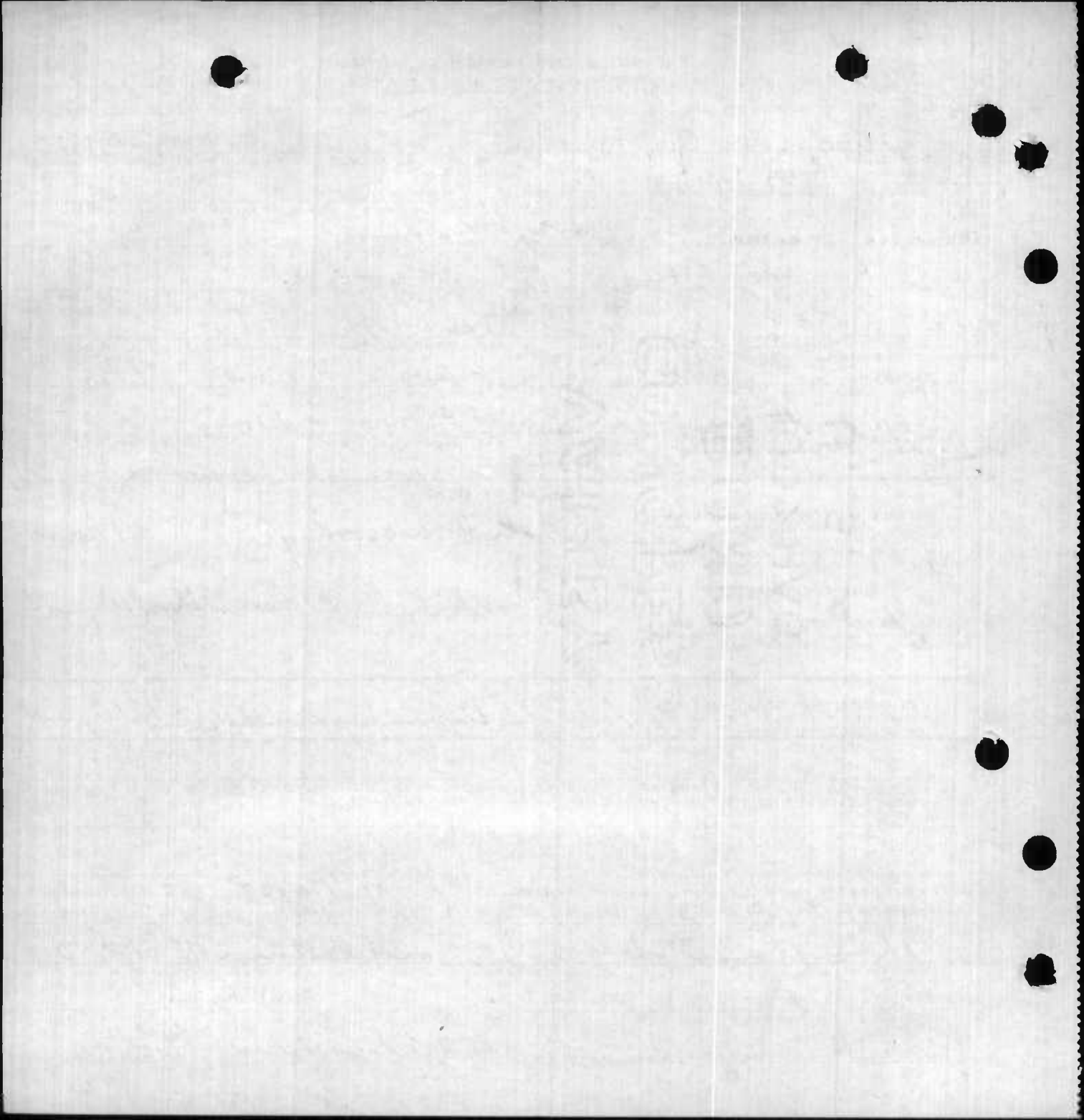
1. NAME OF DECEASED (Type or Print) Roop, Mr. Guy Russell		2. DATE OF DEATH MAY 20, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE, Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland. B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION Home for Incurables - 700 W. 40th ST.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-14	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 4303 Keswick Rd.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 5, 1889
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Public Utility		10B. KIND OF BUSINESS OR INDUSTRY Gas & Elec. Industry	9. AGE (in years last birthday) Months: Days 61
13. FATHER'S NAME Abraham A. Roop.		11. BIRTHPLACE (State or foreign country) BALTIMORE Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? U.S.A	
16. SOCIAL SECURITY NO. NONE		14. MOTHER'S MAIDEN NAME ELIZABETH HAINES	
17. INFORMANT Betsy Ross		ADDRESS -2568 Edmondson Ave. BALTO-Md.	

18. 4 yr. 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO Arteriosclerotic Cardio Vascular Disease 10 years + DUE TO Arthritis Deformans - multiple joints 10 years +		INTERVAL BETWEEN ONSET AND DEATH 11 hours
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arthritis Deformans - multiple joints 10 years +		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 18th 1949 , to May 20th 1950 , that I last saw the deceased alive on May 20th 1950 , and that death occurred at 6:30 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Thomas Conrad Wolff		23B. ADDRESS 11 E. Chase St. Baltimore 2, Md.		23C. DATE SIGNED 5/20/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-23-50		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	
24D. LOCATION (City, town, or county) (State) Woodlawn, Md.		25. FUNERAL DIRECTOR Wm. J. Tickner & Sons Inc.		ADDRESS North & Bal Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR MAY 22 1950		REGISTRAR'S SIGNATURE Wm. J. Tickner & Sons Inc.		26. VS 150	

26658

93c



CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4592

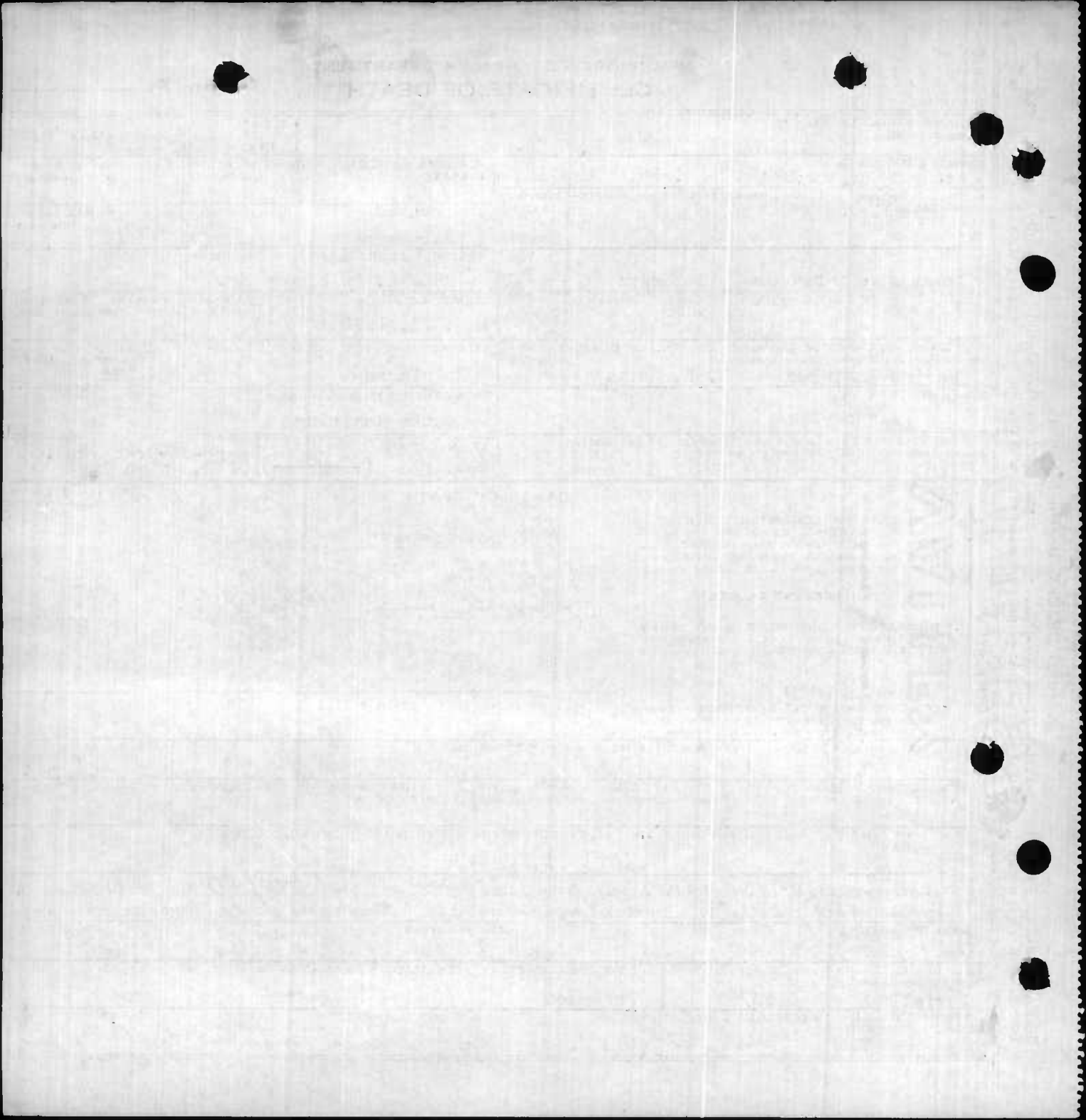
BIRTH NO. 50 4592		NAME OF DECEASED (Type or Print) WILLIAM FREDERICK KRUG SR.		2. DATE OF DEATH May 20, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2828 E. Baltimore St.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY 6-01			
B. FULL NAME OF (If not in hospital or institution, give street address or location) 00		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore 34 Years		D. STREET ADDRESS (If rural, give location) 2828 E. Baltimore St.			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 23, 1870	9. AGE (In years last birthday) 79	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Marine Engineer		10B. KIND OF BUSINESS OR INDUSTRY U. S. Govt.		11. BIRTHPLACE (State or foreign country) Baltimore	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Lennox Krug		14. MOTHER'S MAIDEN NAME Betty Wohlring	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT KRUG ADDRESS Hayre-de-Grace, Md. Rev. Lloyd (Wohlring) 101 N. Union Ave.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 181X I		CAUSE OF DEATH (A) Carcinoma Liver DUE TO (B) Papillary Bladder DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH 4 mos 3 yrs	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 1/1/1946 , 19__, to 5/20/50 , 19__, that I last saw the deceased alive on 5/20/50 , and that death occurred at 11:15 Am., from the causes and on the date stated above.			
23A. SIGNATURE J. J. Hermann		23B. ADDRESS 1710 E. 33rd St		23C. DATE SIGNED 5/21/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/23/50		24C. NAME OF CEMETERY OR CREMATORY Parkwood	
24D. LOCATION (City, town, or county) (State) Baltimore Md.		25. FUNERAL DIRECTOR Wm. J. Tichner & Sons Inc.		ADDRESS Dorch. Pa Ave Balt. Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 22 1950		REGISTRAR'S SIGNATURE Wm. J. Tichner		VS 150	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATION

MEDIC



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4598
Registered No.

NAME OF DECEASED
(Type or Print)

Robert Bradshaw Middle Name William

2. DATE OF DEATH 5-20-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY Balto

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Pikesville & 5200

D. STREET ADDRESS (If rural, give location)
7031 Alden Rd.

C. Length of stay in Baltimore

2 Yrs.
16 Mos.
14 Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 19, 1909

9. AGE (In years last birthday)

40

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Office Manager

10B. KIND OF BUSINESS OR INDUSTRY

Insurance

11. BIRTHPLACE (State or foreign country)

Carnegie, Pa.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Wm S. Bradshaw

14. MOTHER'S MAIDEN NAME

Dora Kyle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Wife Mrs. Alice B. Bradshaw 7031 Alden Rd. Pikesville

ADDRESS

18.

191X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of mesothelial origin of face.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-4, 1950, to 5-20, 1950, that I last saw the deceased alive on 5-20, 1950, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

William D. Lynn

23B. ADDRESS

M. D. University Hospital

23C. DATE SIGNED

5-20-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/23/50

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

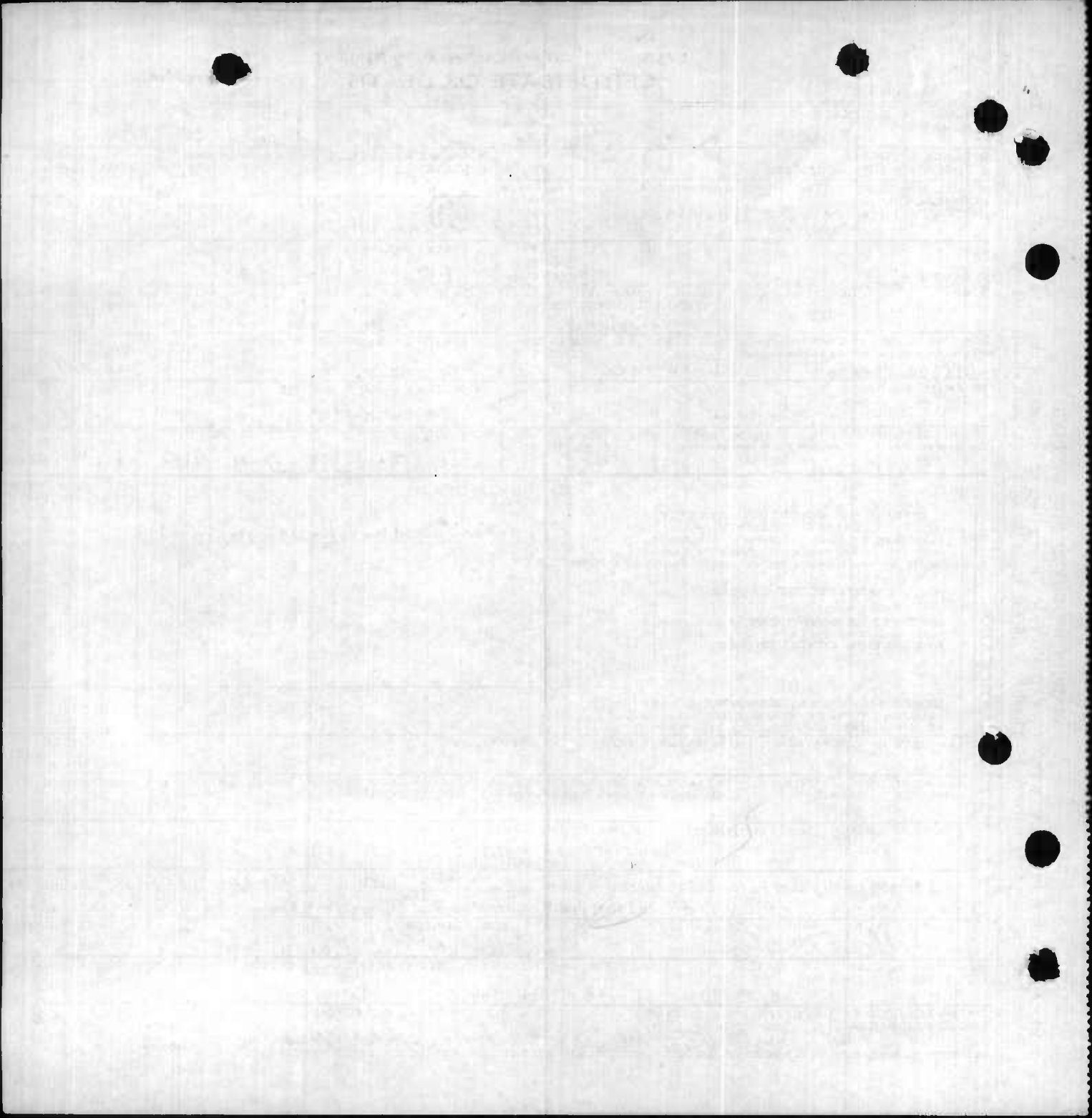
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAY 22 1950 Wm J. Livingston Williams, M.D.

25. FUNERAL DIRECTOR

Wm J. Liebner, Sons Inc. North & Duane Balto. Md.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4594
Registered No.

BIRTH NO. 50 4594

1. NAME OF DECEASED (Type or Print) <u>Leland O. Groves</u>			2. DATE OF DEATH <u>May 21, 1950</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>4016 Dorchester Rd.</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>15-10</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <u>4016 Dorchester Rd.</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDDED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Dec. 22, 1897</u>	9. AGE (In years last birthday) <u>52</u>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Secty</u>			11. BIRTHPLACE (State or foreign country) <u>Baltimore, Md.</u>		
10B. KIND OF BUSINESS OR INDUSTRY <u>Radio Broadcast</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>William B. Groves</u>			14. MOTHER'S MAIDEN NAME <u>Viola M. DeGaw</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>7212-09-2733</u>		
17. INFORMANT <u>Mr. Paul De G. Groves</u>			ADDRESS <u>4016 Dorchester Rd.</u>		

18. <u>973-1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <u>Carbon Monoxide Poisoning</u> DUE TO (B) _____ DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH
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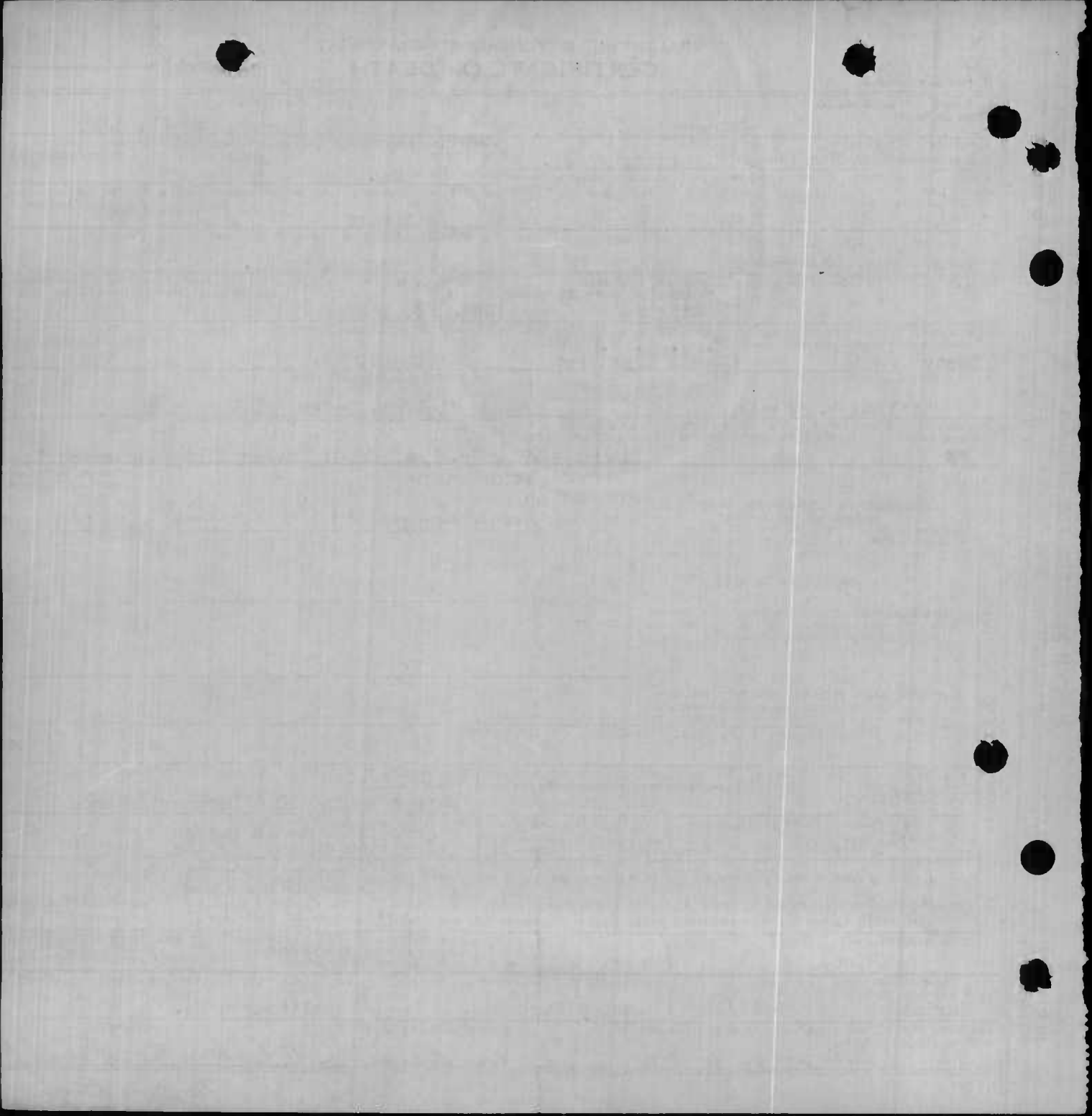
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Garage</u>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>Garage behind 4016 Dorchester Road</u>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>5/21/50</u>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <u>Found in auto in garage Ignition on and gas tank empty</u>
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE <u>Earl L. Rogers</u>	M.D.	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> 23C. DATE SIGNED <u>21 May 50</u>

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>5/23/50</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Louisa Park Cem.</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore, Md.</u>
--	-----------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 22 1950</u>	REGISTRAR'S SIGNATURE <u>William J. Tichner</u>	25. FUNERAL DIRECTOR <u>William J. Tichner & Sons</u>	ADDRESS <u>156 57 163 M North & Park</u>
--	--	--	---

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

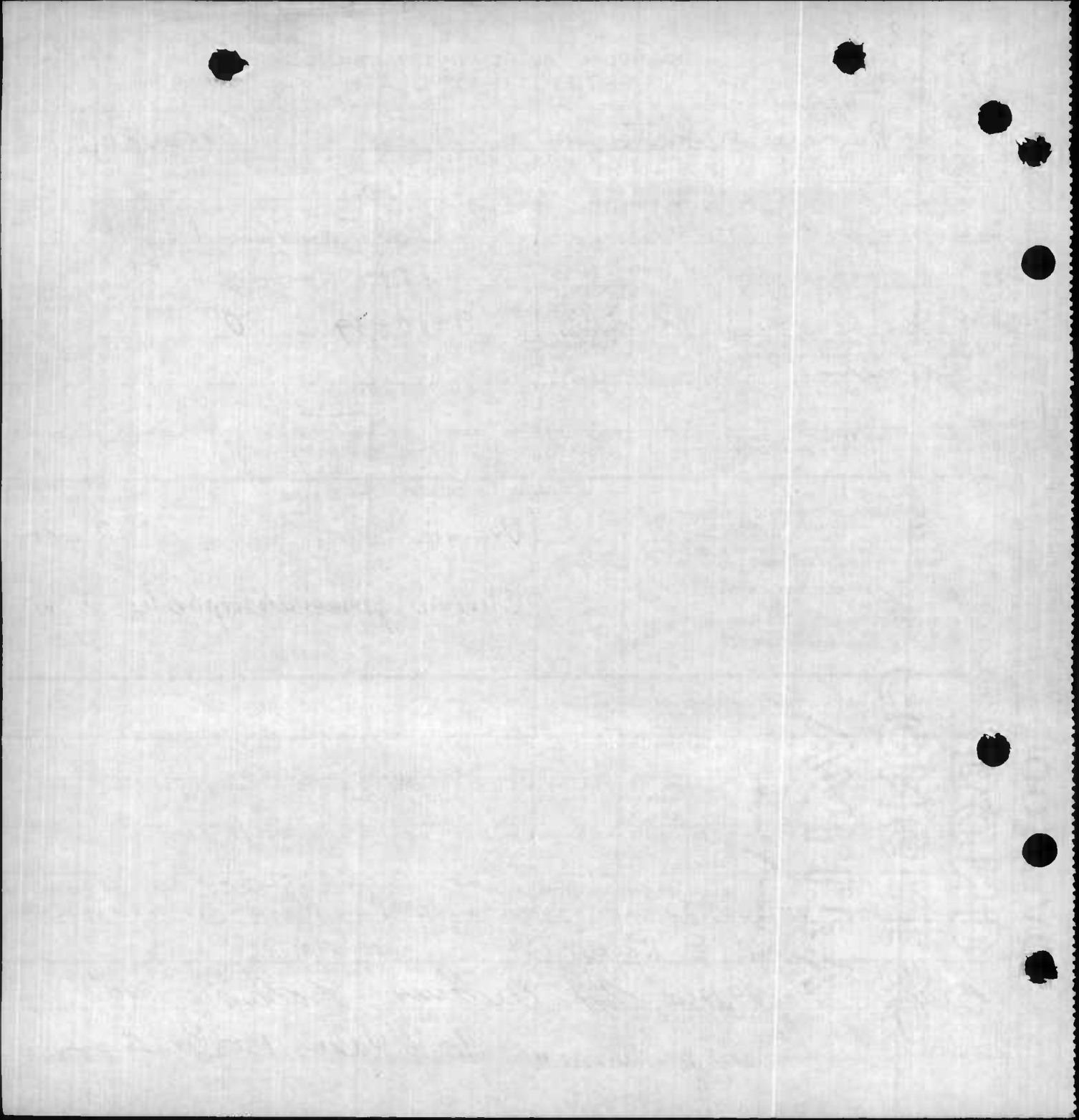
50 4595
Registered No.

W-300
50 4595
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Perney White</i>			2. DATE OF DEATH <i>May 20, 1950</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>JOHNS HOPKINS HOSPITAL</i>			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>md.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 15-01</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1714 Woodburn St</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>9-10-99</i>	9. AGE (in years last birthday) <i>50</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>American Legion member</i>		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS		

18. <i>592x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Uremia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 mos</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Chronic glomerulonephritis</i>		<i>3 yrs</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>5-20</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5-9</i> , 1950 to <i>5-20</i> , 1950, that I last saw the deceased alive on <i>5-20</i> , 1950, and that death occurred at <i>1020 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>David E. Rogers</i> M. D.		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>May 24, 1950</i>		24C. NAME OF CEMETERY OR CREMATORY <i>MA. Auburn</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>		25. FUNERAL DIRECTOR <i>Geo. E. Vickers</i> ADDRESS <i>1303 Reservoir</i>			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4596
Registered No.50 4596
BIRTH NO.NAME OF DECEASED
(Type or Print)

Catherine Clifton

2. DATE
OF
DEATH

May 18, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTIONJOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto16-02

D. STREET ADDRESS (If rural, give location)

1128 n. Carey St

c. Length of stay in Baltimore

LifeYrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)married

8. DATE OF BIRTH

Dec 20, 19049. AGE (in years
last birthday)4510. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)House wife10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

md12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Bryant

14. MOTHER'S MAIDEN NAME

alice Brisco15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
JOHNS HOPKINS HOSPITAL

ADDRESS

18. 442 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) H.C.V.D.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

Chr. glomerulo nephritis.OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Syphilitic aortitis.INTERVAL BETWEEN
ONSET AND DEATHMay 40

"

"

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-18, 1950 to 5-18, 1950 that I last saw the
deceased alive on 5-18, 1950 and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Susan Pullins

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

5-22-50

24C. NAME OF CEMETERY OR CREMATORY

mt auburn

24D. LOCATION (City, town, or county)

md

(State)

DATE RECEIVED BY
LOCAL REGISTRARMAY 22 1950

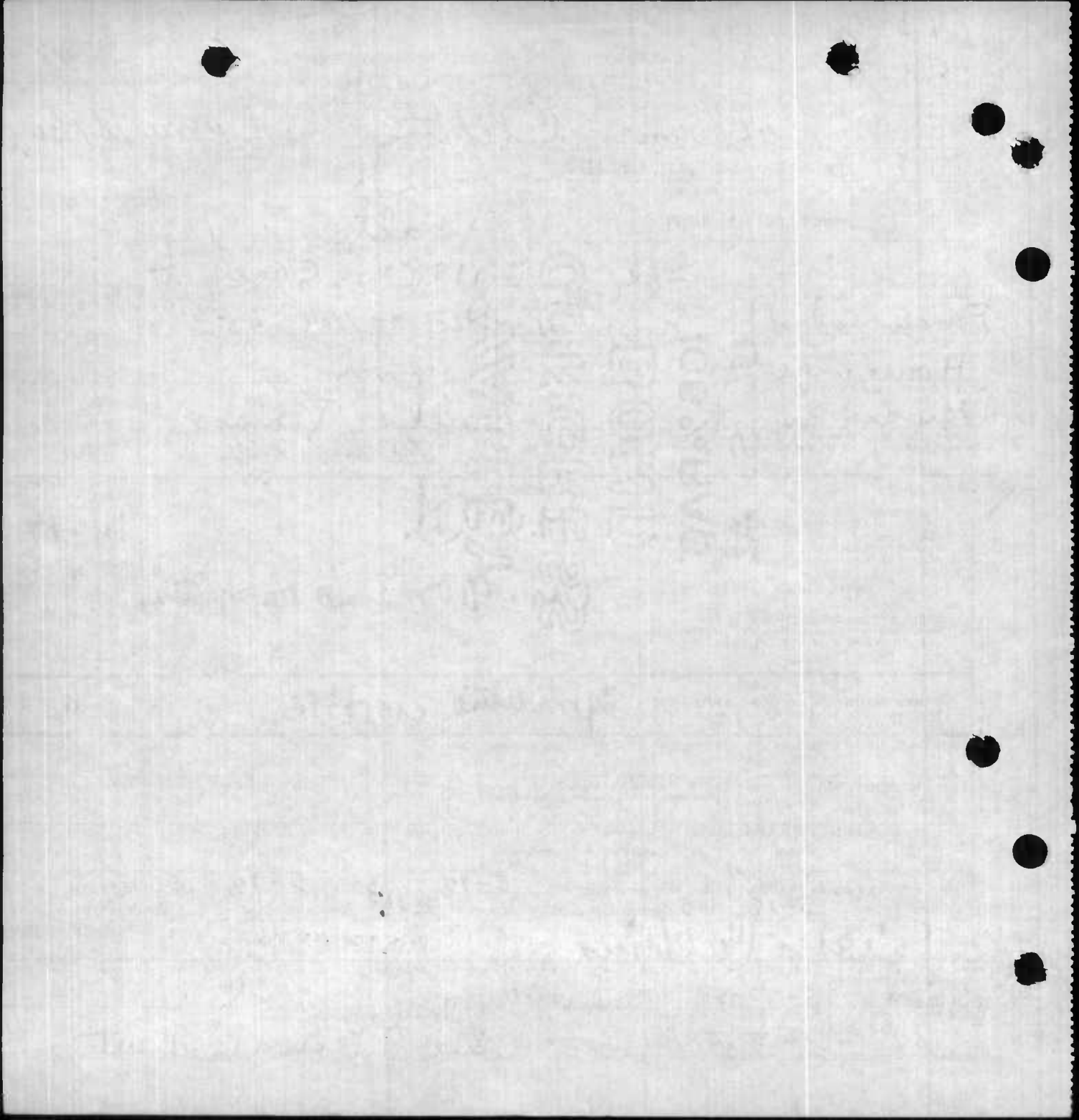
REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

Geo S. Nelson 1303 President St

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4597

Registered No.

BIRTH NO. 48-23426

NAME OF DECEASED
(Type or Print)

JOSEPH

KERNS

2. DATE OF DEATH May 19, 1950

3. PLACE OF DEATH:
a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
a. STATE Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION

Provident Hospital

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-01

c. Length of stay in Baltimore

d. STREET ADDRESS (If rural, give location)
1112 Laurens Street

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. PLACE OF BIRTH (State and county)

10. TIME OF DEATH (Month, Day, Hour, Min.)

Male

Colored

S

10/23/48

1

6

10a. USUAL OCCUPATION (Even if not working during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State and county)

12. CITIZEN OF WHAT COUNTRY?

Infant

Balto. Md.

U. S. A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Archie Watts

Elnora Kerns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Elnora Kerns 1112 Laurens St.

18. 590X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, aneurysm, etc. It means the disease, injury or complication which caused death.)

(A) Acute glomerulonephritis

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT ☐ WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23a. SIGNATURE

Stanley B. Denbaker

M.D.

23b. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR

23c. DATE SIGNED 5-19-50

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

May 22, 1950

24c. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24d. LOCATION (City, town, or county)

Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

George G. Kelson 1305 Presstman St.

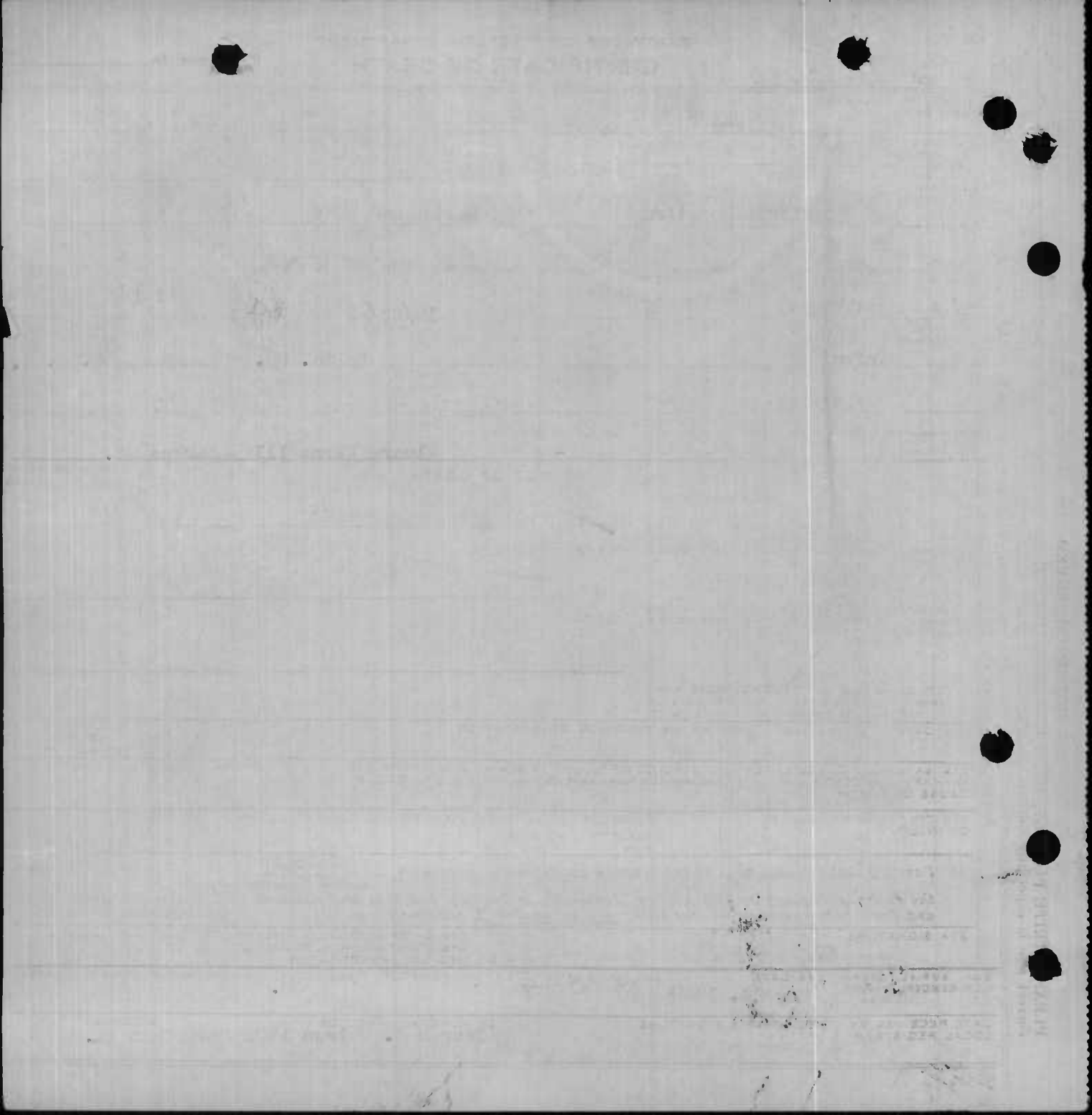
ADDRESS

VS 151

130

✓

MARGIN RESERVED FOR PHYSICIAN'S CERTIFICATION. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

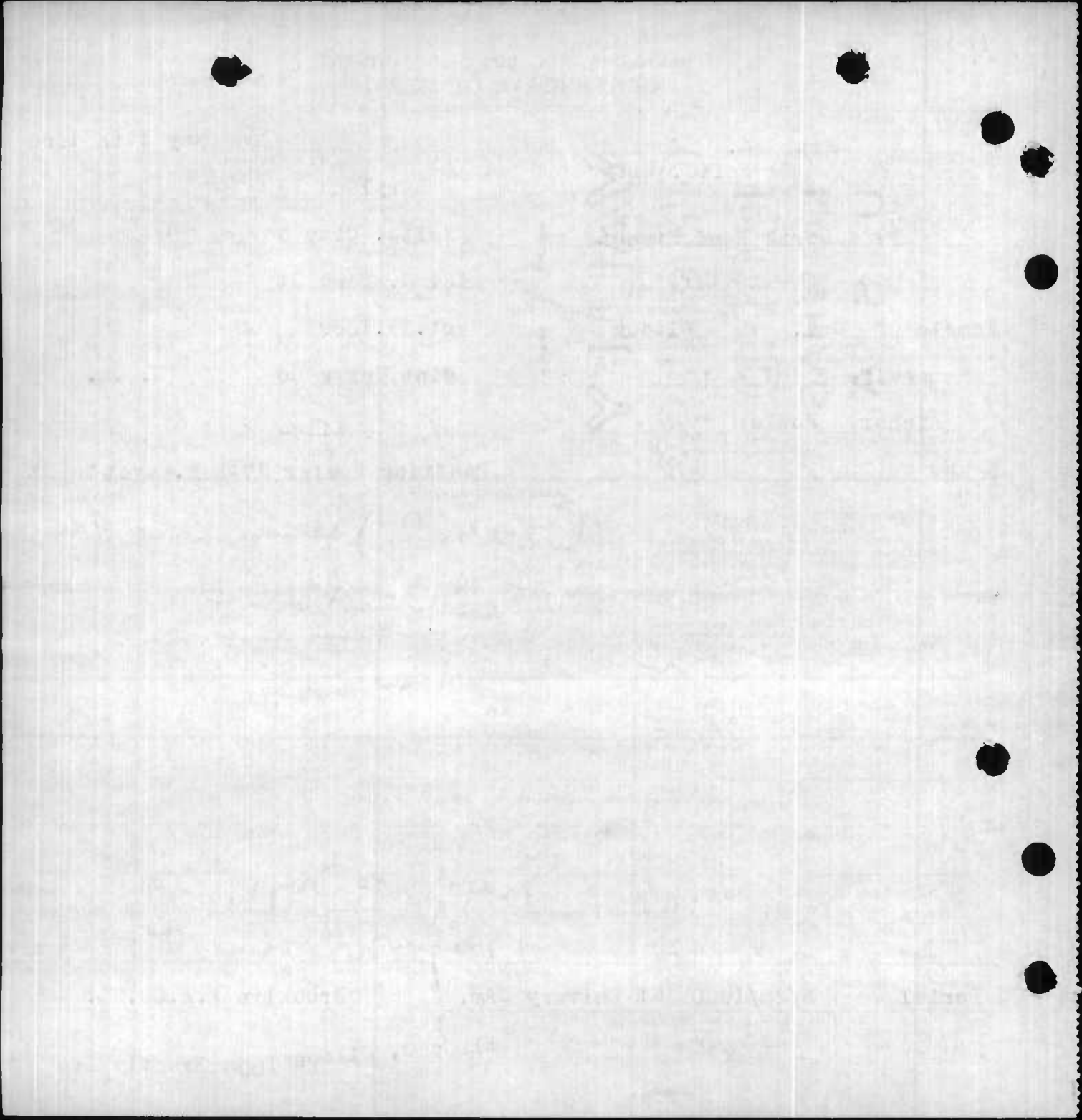


PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4598
Registered No. _____

BIRTH NO. 50 4598		NAME OF DECEASED (Type or Print) Mary E. Fowler		2. DATE OF DEATH May 17th 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION 00 424 North Bond Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. City 6-05			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 424 N. Bond St			
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept. 19, 1889	9. AGE (in years last birthday) 60	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Saint Marys Co	
13. FATHER'S NAME Richard Fowler		12. CITIZEN OF WHAT COUNTRY? U.S.A.		14. MOTHER'S MAIDEN NAME Mary Kilgo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Beatrice Fowler 1712 E. Fayette St	
18. 443 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage 4 days.		CAUSE OF DEATH (A) Cerebral Hemorrhage 4 days. DUE TO (B) Hypertensive Cardiovascular disease ? DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 13, 1950 to May 17, 1950 , that I last saw the deceased alive on May 13, 1950 and that death occurred at 9 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE F. K. Adams		23B. ADDRESS 12222 Caroline St		23C. DATE SIGNED 5-20-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/22/1950		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
24D. LOCATION (City, town, or county) (State) Brooklyn A.A.CO.MD.		25. FUNERAL DIRECTOR Elroy O. Wilson		ADDRESS 1000 Brantly Ave	
DATE RECEIVED BY LOCAL REGISTRAR MAY 22 1950		REGISTRAR'S SIGNATURE Wilmington Williams, M.D.			



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4599

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MAY

PETERS

2. DATE
OF
DEATH

May 20, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

West Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

13-03

D. STREET ADDRESS (If rural, give location)

2253 N. Fulton Avenue

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

I2 - I0 - I903

9. AGE (in years birthday)

46

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Co Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Robert Halbert

14. MOTHER'S MAIDEN NAME

Alice Kerns

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Joseph Peters 2253 N. Fulton Ave Balto Md

18. E972x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Asphyxia due to carbon monoxide poisoning

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

2253 N. Fulton Avenue

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

5/20/50 1:15 A. m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Gas jet on but unlit with hose from jet into mouth

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

5/20/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-23-1950

24C. NAME OF CEMETERY OR CREMATORY

Carroll Chapel

24D. LOCATION (City, town, or county)

Green Spring Ave Balto Co Md

DATE RECEIVED BY LOCAL REGISTRAR

MAY 22 1950

REGISTRAR'S SIGNATURE

William J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Edward Foulson 2259 Washington

VS 151

N-968.0

163 H Balto 30 md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dec 10 - 1968

M-245
50 4600BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4600
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Randolph McLean

2. DATE
OF
DEATH

MAY 19 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 7-05

D. STREET ADDRESS (If rural, give location)

802 Shuter St

c. Length of stay in Baltimore

34

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

6-29-88

9. AGE (in years
last birthday)

62

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Gas tender, Bethlehem Steel

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maxton N.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Shepherd McLean

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

813-68-1889

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

158X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Cause undetermined

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Probably cerebral metastases
from retroperitoneal neoplasm

(C)

INTERVAL BETWEEN
ONSET AND DEATH

4 mos.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

5/16/50

19B. MAJOR FINDINGS OF OPERATION

No pathology

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 5-10, 1950, to 5-19, 1950, that I last saw the deceased alive on 5-19, 1950, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Richard E. Kuffner, M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5/19/50

24A. BURIAL CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/22/50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

B. W. Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 22 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Randolph Ballick 1532 Biddle

ADDRESS

VS 150

44429

46H

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5-530

50 4601

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 4601

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Roland Gilbert Smith

2. DATE
OF
DEATH

5-18-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

14-03

D. STREET ADDRESS (If rural, give location)

562 Balto Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

2-11-38

9. AGE (In years
last birthday)

12

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Student

10B. KIND OF BUSINESS OR
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Roland Smith

14. MOTHER'S MAIDEN NAME

Mary Mason

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Records Balto. City Hosp.

ADDRESS 4940

Eastern Ave.

18.

193X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Brain, Tumor - malignant

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

over

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

May 19- 1950

19B. MAJOR FINDINGS OF OPERATION

Bilateral Trephine Openings Brain Tumor

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 5-11-50, 1950 to 5-19, 1950 that I last saw the
deceased alive on 5-19, 1950, and that death occurred at 4:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

H. Cohen

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

5-20-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 22 1950

Huntington Williams, M.D.

Geo. H. Nelson 1303 Presman

St.

Letter in document file 50-4601-6/26/50.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Adam A Ochs

2. DATE
OF
DEATH

May 21 - 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore Md

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2200 - WIMICO

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY
2205 wimico St Balto Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City Md 25-03B

D. STREET ADDRESS (If rural, give location)

2205 Wimico St Balto Md WIMICO ST

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Whitw

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct - 27-1861

9. AGE (In years,

last birthday)

88

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

B & O R R

11. BIRTHPLACE (State or foreign country)

Baltimore Co Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Rose Miller 2203 Wimico St Balto Md

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary O'clusion

1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis

?

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-15-1950 to 5-21-1950, that I last saw the deceased alive on 5-21-1950, and that death occurred at 8:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Carey Proctor

23B. ADDRESS

M. D.

1326 N Lombard St

23C. DATE SIGNED

5-22-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 24 -50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Frederick Rd Balto Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr

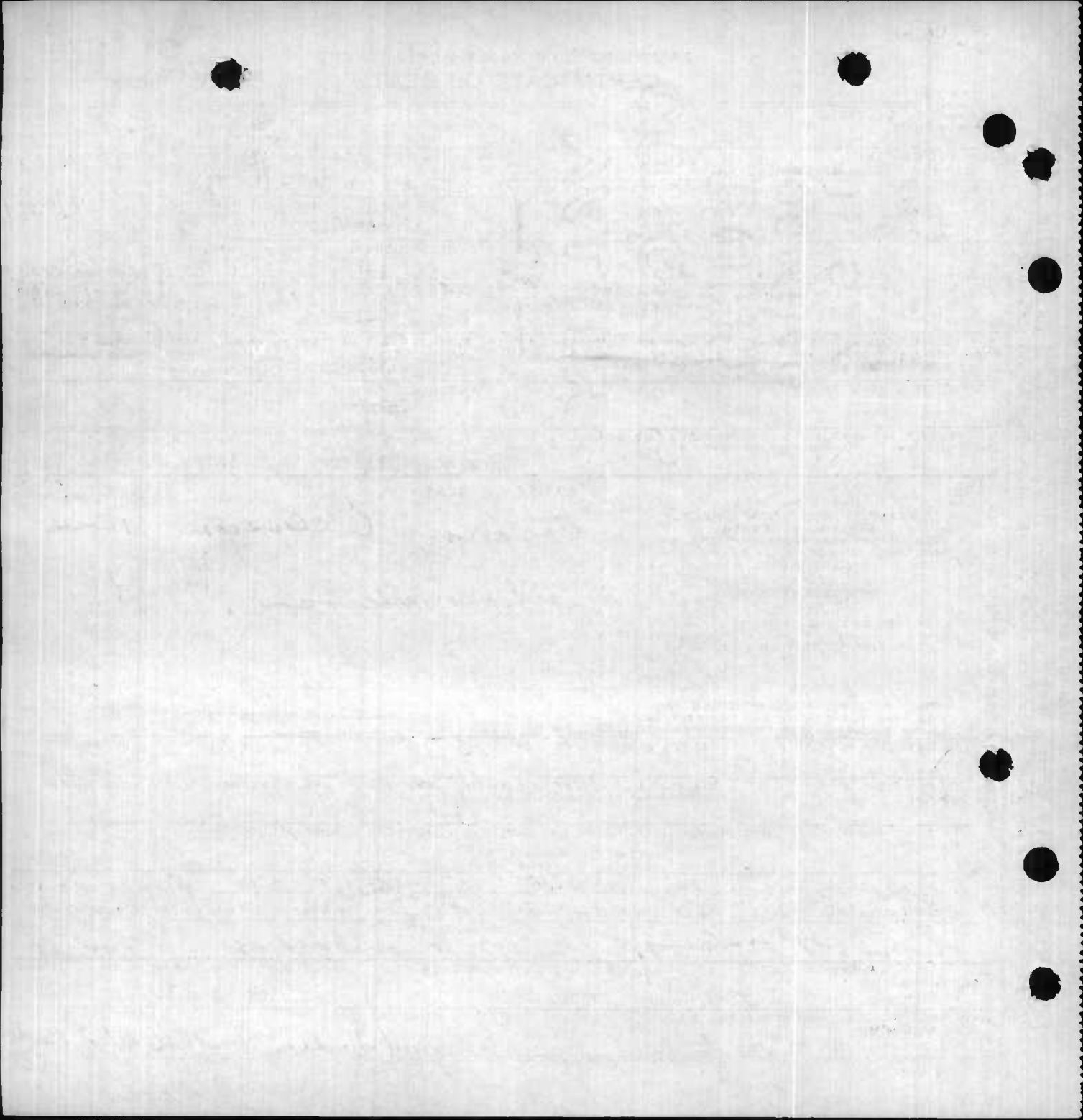
25. FUNERAL DIRECTOR

ADDRESS

Edward Joulson 2359 Wash Blvd Balto Md

VS 150

94a
ash Blvd



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4603

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thaddeus Drew

2. DATE
OF
DEATH

5-18-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

717 Hanover Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2/14

9. AGE (In years
last birthday) Months: Days If Under 1 Year If Under 24 Hours

42

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cook (Unemployed)

10B. KIND OF BUSINESS OR
INDUSTRY

Domestic

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Drew

14. MOTHER'S MAIDEN NAME

Tillie

Debrew

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Elizabeth Drew

ADDRESS

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)(A) Hypertensive Cardio-
DUE TO vascular disease

ANTECEDENT CAUSES

(B)
DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(C)
DUE TO OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/17/50, 19__, to 5/18/50, 19__, that I last saw the
deceased alive on 5/18/50, 19__, and that death occurred at 9:50 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Arnold, M.D.

M. O.

23B. ADDRESS

1213 Light Street

23C. DATE SIGNED

5/19/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 23-1950

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem.

24D. LOCATION (City, town, or county)

Balto.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Kate B. Williams

ADDRESS

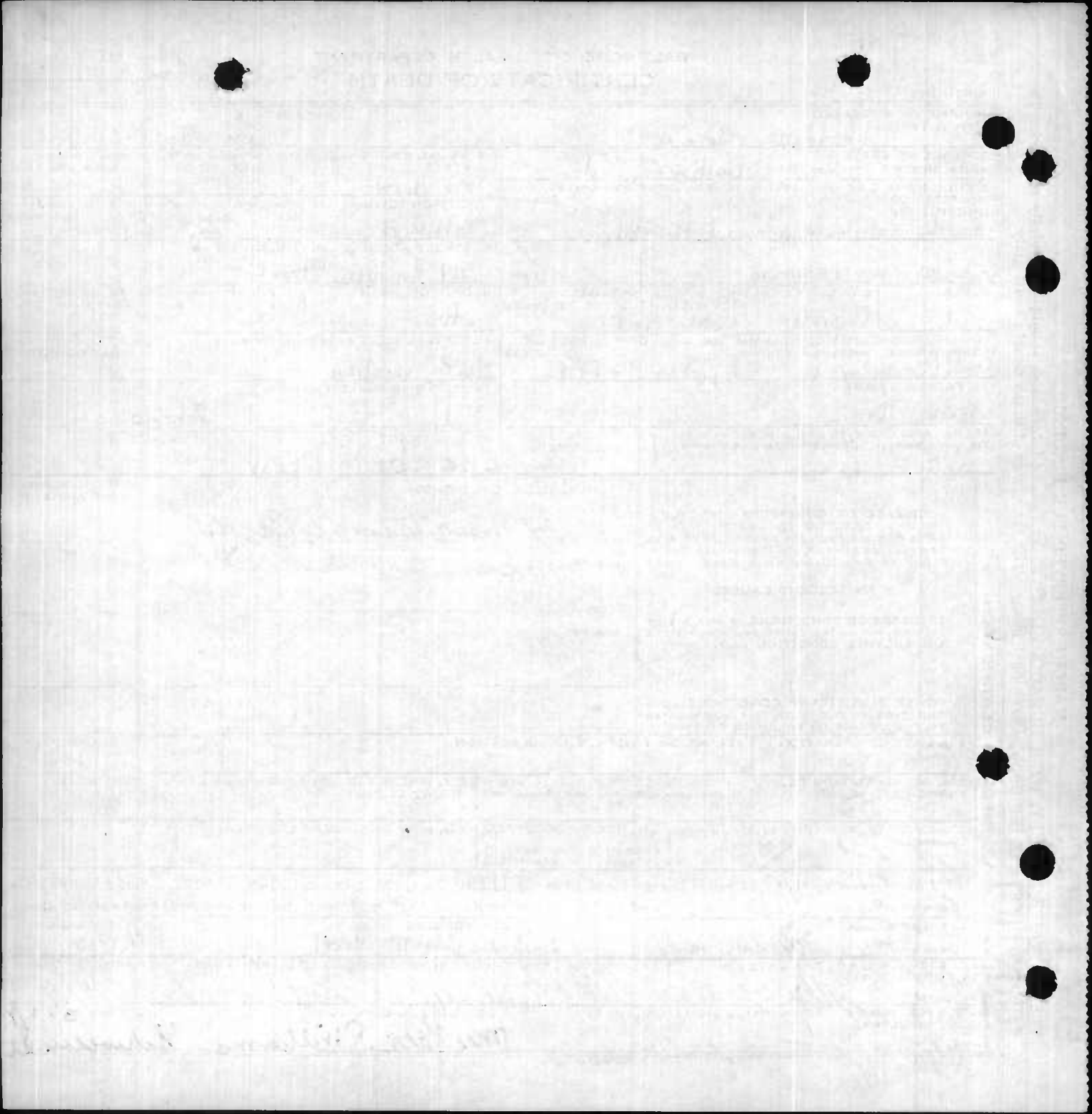
322 N. Schuerman St.

MAY 22 1950

VS 150

52086

937



PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correctness of the information is especially important. Physicians: please write the causes of death clearly and legibly.

M-600
50 604

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4604

Registered No. _____

BIRTH NO. _____			NAME OF DECEASED (Type or Print) <i>Samuel Moore</i>			2. DATE OF DEATH <i>MAY 16 1950</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY _____					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 16-02</i>					
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>911 N. L. Tricker St</i>					
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>9-4-84</i>		9. AGE (In years last birthday) <i>65</i>		10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>TRUCK DRIVER</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Contractors Work</i>		11. BIRTHPLACE (State or foreign country) <i>Queen Anne Co. Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>Daniel Moore</i>			14. MOTHER'S MAIDEN NAME <i>Elijahth Anderson</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. _____					
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS _____					

18. <i>463X</i> <i>802X</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		<i>Pulmonary embolus</i>		<i>5 min</i>	
ANTECEDENT CAUSES		(A) <i>Myocardial infarct</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO <i>Phlebitis of the leg veins</i>		<i>6 mos</i>	
		(B) <i>tuberculosis lungs and foot</i>			
		(C) _____		<i>over</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Inactive pulmonary tuberculosis</i>					

19A. DATE OF OPERATION <i>✓</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5-9-1950</i> , to <i>5-16-1950</i> , that I last saw the deceased alive on <i>5-16-1950</i> , and that death occurred at <i>5:00</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>John P. Hallett Harold Salmon, D.</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>16 May 50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>May 22 1950</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Greenwood Bur. Balto.</i>	
24D. LOCATION (City, town, or county) (State) <i>Md.</i>		25. FUNERAL DIRECTOR <i>Mrs. Kate R. Williams</i>		ADDRESS <i>Schroeder St</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 22 1950</i>		REGISTRAR'S SIGNATURE <i>W. H. Williams, Jr.</i>			

420V9

100B

Letter in document file 50-4604 - 7/27/50.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4605

Registered No.

1. NAME OF DECEASED
(Type or Print)

Joseph S. Swinder or Swinn

2. DATE
OF
DEATH

May 18, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital (DOR)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO

1-04

D. STREET ADDRESS (If rural, give location)

1011 S. BINNEY ST

c. Length of stay in Baltimore

45 yrs.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

DEC 12/1897

9. AGE (In years last birthday)

52

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

ELEVATOR OPERATOR

10B. KIND OF BUSINESS OR INDUSTRY

BALTO LIFE BRY

11. BIRTHPLACE (State or foreign country)

POLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

PETER SWINDER

14. MOTHER'S MAIDEN NAME

VICTORIA

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

219-01-8724 EVE MARY SWINDER, 1011 S. BINNEY ST

17. INFORMANT

or SWINN ADDRESS

18.

470.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

CAUSE OF DEATH

Coronary Thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm H. Kammer, Jr.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

May 19, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

MAY 23/50

24C. NAME OF CEMETERY OR CREMATORY

ST STANISLAUS CEM.

24D. LOCATION (City, town, or county)

DONDAK HAE MD

DATE RECEIVED BY LOCAL REGISTRAR

MAY 22 1950

REGISTRAR'S SIGNATURE

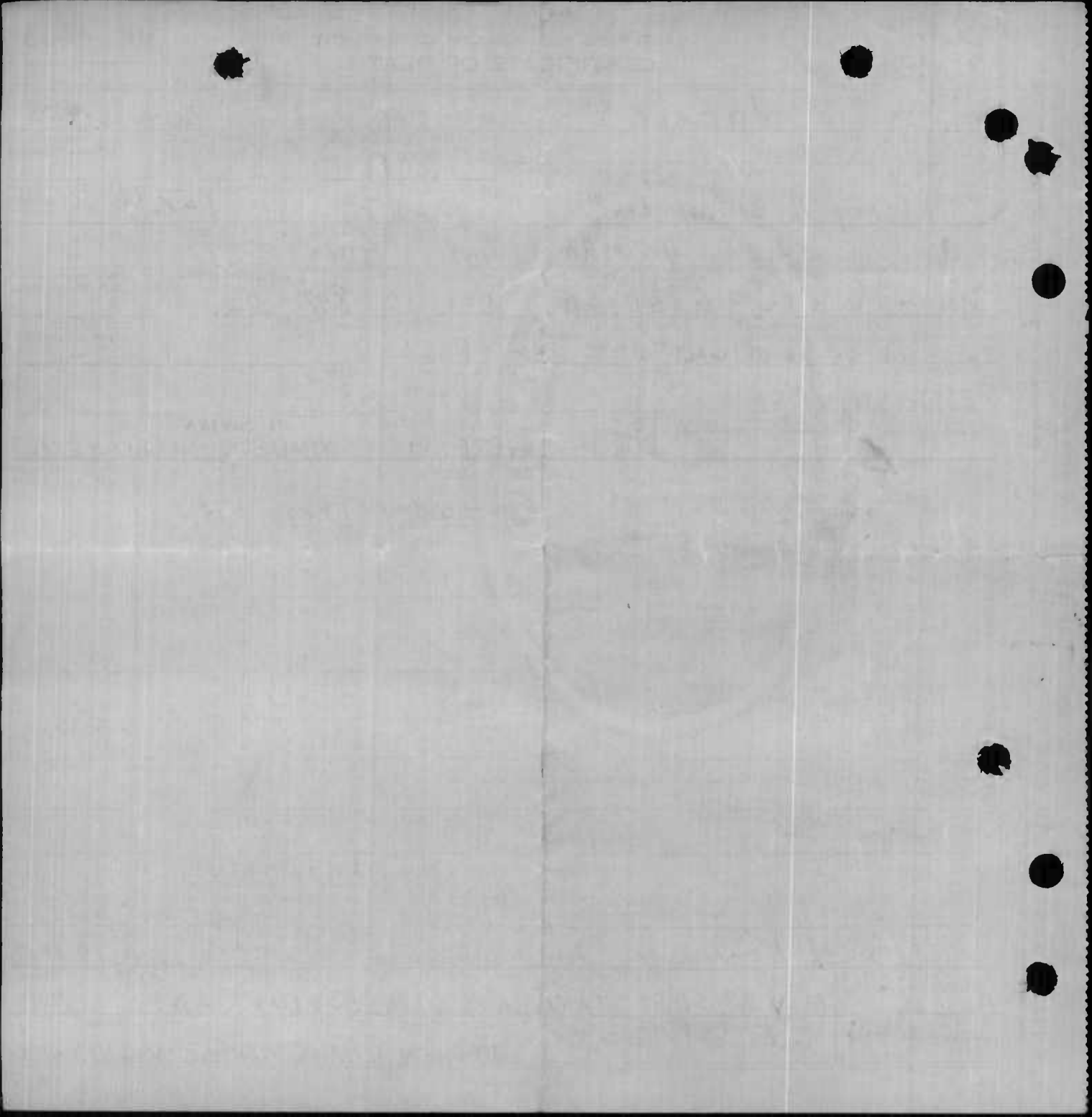
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

STEPHEN J. FIAKOWSKI INC. 1000 S. KENWOOD AVE

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

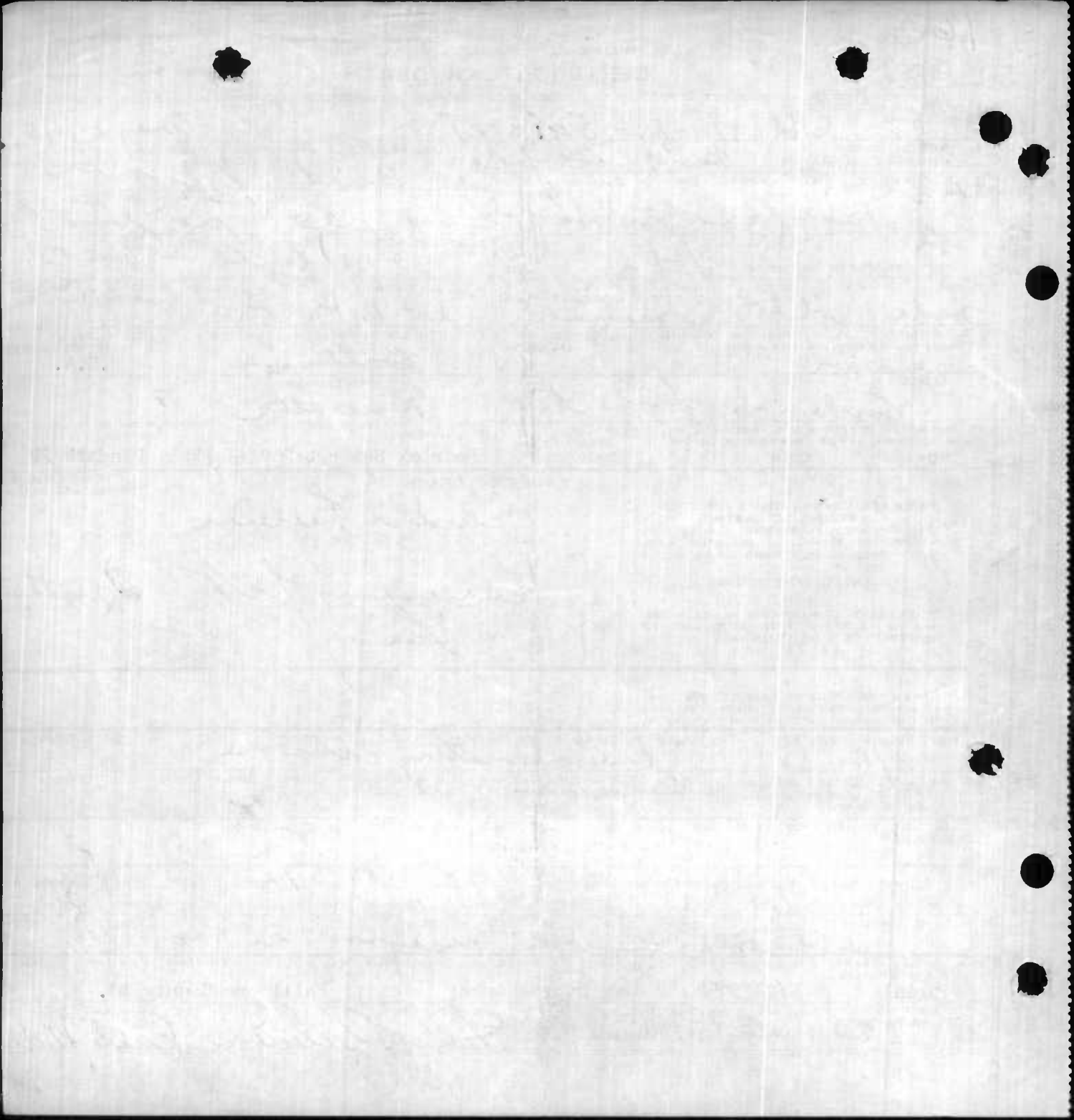


PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully secured. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4606
Registered No. 50 4606

1. NAME OF DECEASED (Type or Print) CHRISTIAN, - Seibert			2. DATE OF DEATH May 20, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balt. Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Balt. Maryland B. COUNTY MD		
5. FULL NAME OF HOSPITAL OR INSTITUTION Maryland Gen Hosp			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balt. Maryland		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 811 S. Elwood Ave #24		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov-13, 1891		9. AGE (In years last birthday) 58
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) painter		10B. KIND OF BUSINESS OR INDUSTRY Shaw's	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Fredrick Seibert			14. MOTHER'S MAIDEN NAME Hennietta ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. unknown	17. INFORMANT ADDRESS Fredrick Seibert 2621 Yorkway Dundalk 22		
18. 163 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiac Failure			INTERVAL BETWEEN ONSET AND DEATH 2 months		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma of Lung					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 5/12/50		19B. MAJOR FINDINGS OF OPERATION Pneumonecrosis - right side		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/25 , 19 50 to 5/20 , 19 50 , that I last saw the deceased alive on 5/20 , 19 50 and that death occurred at 10 4-m. , from the causes and on the date stated above.					
23A. SIGNATURE Anthony Verone		23B. ADDRESS Maryland Gen. Hosp		23C. DATE SIGNED 5/20/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/23/1950		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery	
24D. LOCATION (City, town, or county) Baltimore County Md.		24E. FUNERAL DIRECTOR Lilly & Zeilund Inc		24F. ADDRESS Balt. Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 22 1950		REGISTRAR'S SIGNATURE Trustington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Balt. Md.	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4607
Registered No. _____

NAME OF DECEASED
(Type or Print)

EMMA

(WATTS) WEBB (djm)

2. DATE OF DEATH
May 18, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

C. CITY OR TOWN

(If outside corporate limits, write KURA and give township)

Baltimore

14-03

D. STREET ADDRESS (If rural, give location)

1345 N. Fremont Street

c. Length of stay in Baltimore

9 YEARS

6. SEX

7. COLOR OR RACE

8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Female

Colored

MARRIED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

AT HOME

8. DATE OF BIRTH

5-31-1924

9. AGE (In years, last birthday)

25

11. Under 1 Year

11 19

12. Under 24 Hours

11. BIRTHPLACE (State or foreign country)

HAMLET, N.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

CHRIS

MAYO

14. MOTHER'S MAIDEN NAME

GAYBEL BRICE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

ARTHUR WEBB-1345 N. FREMONT

18. 646 X 1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Acute hemolytic anemia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(c) Twin pregnancy (circa 5 months)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Earl H. Royer

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

5-18-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

5-22-50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore 30.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 22 1950

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

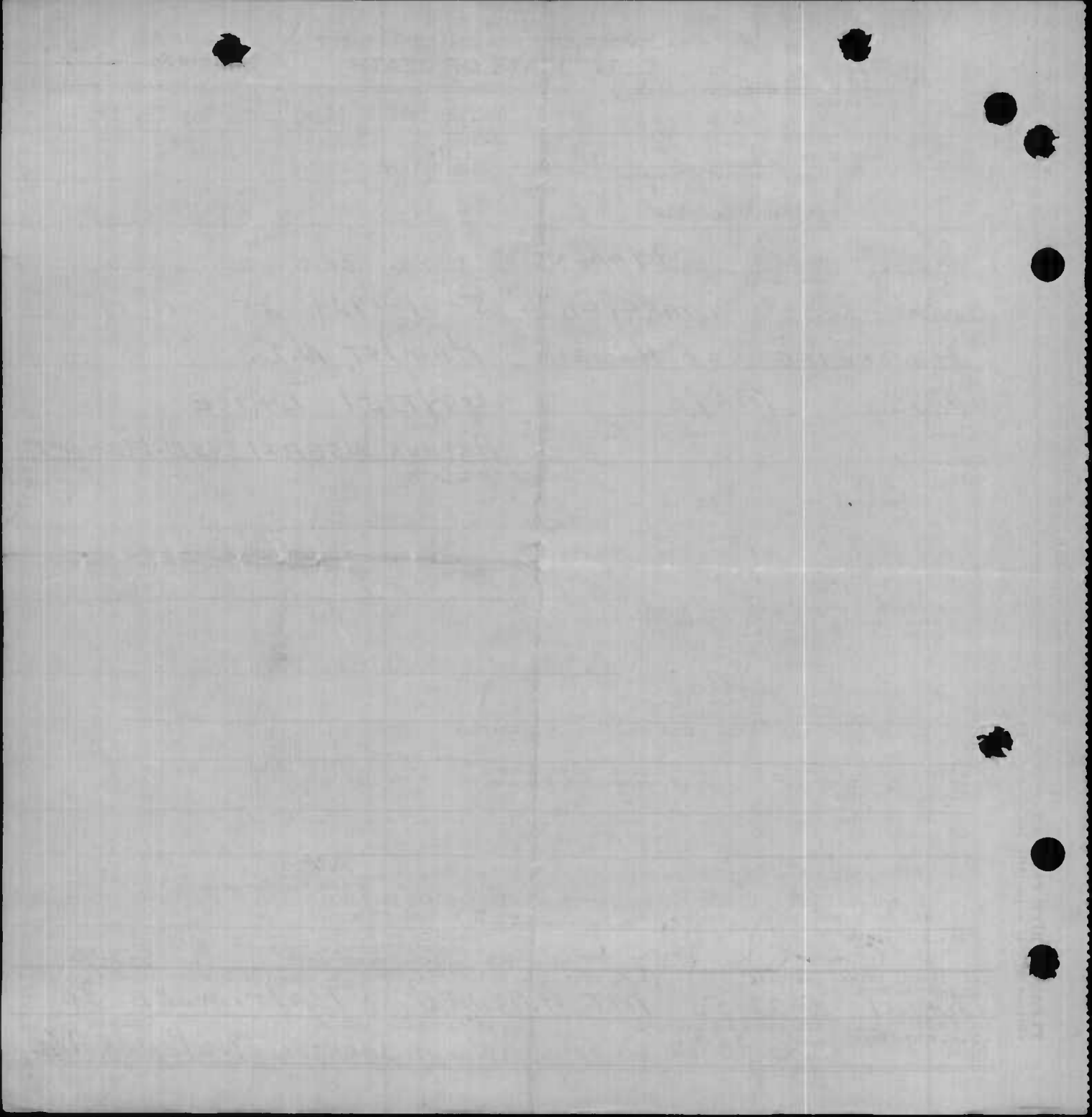
25. FUNERAL DIRECTOR

Wm. A. JACKSON - 916 PENNA. AVE.

ADDRESS

MARGIN RESERVED FOR ENDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4608
Registered No.

BIRTH NO. 4608

NAME OF DECEASED
(Type or Print)

Julius Drost (Drosdowski)

2. DATE OF DEATH
May 20 1950

3. PLACE OF DEATH:
A. **Baltimore City, Maryland** **5115 St George Ave**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**
B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION
00

C. CITY OR TOWNSHIP (If outside corporate limits, write RURAL and give township)
Baltimore 27-10

c. Length of stay in Baltimore
Yrs. **00**
Mos. **00**
Days

D. STREET ADDRESS (If rural, give location)
5115 St George Ave

5. SEX **male**
6. COLOR OR RACE **white**
7. SINGLE, MARRIED, WIDOWED, OR FORCED (Specify) **widowed**

8. DATE OF BIRTH **Mch 25 1874**
9. AGE (In years, last birthday) **76**
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired baker

10B. KIND OF BUSINESS OR INDUSTRY
bakery

11. BIRTHPLACE (State or foreign country)
Germany

12. CITIZEN OF WHAT COUNTRY?
?

13. FATHER'S NAME
3

14. MOTHER'S MAIDEN NAME
?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
unknown

16. SOCIAL SECURITY NO.
216-07-3348

17. INFORMANT ADDRESS
Armin J. Drost 5115 St Georgeav

18. **443 X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH
cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

5 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

hypertensive cardio vascular disease

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 10 1950**, to **May 20 1950**, that I last saw the deceased alive on **May 10 1950** and that death occurred at **8 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE

Fritz J. Kimzey M.D.

23B. ADDRESS
2700 Harford Road

23C. DATE SIGNED
5-21-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 22 1950

Wm. J. Williams, M.D.

R. J. Luck

5305 Harford Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

Full Name of Deceased: [illegible]

Date of Birth: [illegible]

Place of Birth: [illegible]

Sex: [illegible]

Marital Status: [illegible]

Occupation: [illegible]

Usual Residence: [illegible]

Date of Death: [illegible]

Place of Death: [illegible]

Cause of Death: [illegible]

Signature of Physician: [illegible]

Signature of Registrar: [illegible]

Signature of Informant: [illegible]

Signature of Medical Officer: [illegible]

Signature of Coroner: [illegible]

Signature of Burial Officer: [illegible]

Signature of Minister of Religion: [illegible]

Signature of Undertaker: [illegible]

Signature of Cemetery Officer: [illegible]

Signature of Health Officer: [illegible]

Signature of Police Officer: [illegible]

Signature of Fire Department: [illegible]

Signature of Water Department: [illegible]

Signature of Gas Department: [illegible]

Signature of Electric Department: [illegible]

Signature of Telephone Department: [illegible]

Signature of Sewer Department: [illegible]

Signature of Street Department: [illegible]

Signature of Public Works Department: [illegible]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4609

BIRTH NO. 49-08433

1. NAME OF DECEASED
(Type or Print)

BARBARA

BURTON

2. DATE
OF
DEATH

May 20, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Middleboro

5200

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

5/20/49

9. AGE (In years
last birthday)

1 yr

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert L. Burton

14. MOTHER'S MAIDEN NAME

Frances Glenn

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Robert L. Burton

18. 754.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Endocardial fibro-elastosis

DUE TO

congenital, (?)

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

CERTIFICATION

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

[Signature]

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

5-21-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. JUNE 1950

ADDRESS

MAY 22 1950 [Signature]

[Signature]

1407 Eastern Ave
161c

fibro-elastic - composed of
fibrous & elastic tissue

From Dr. Fisher by phone

5/23/50 Dr. Fisher
per Es

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4610

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANDREW F. FINK

2. DATE
OF
DEATH

5/20/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto.

26-11

c. Length of stay in Baltimore

O. STREET ADDRESS (If rural, give location)

3207 Elliott St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 11, 1871.

9. AGE (In years
last birthday)

77

If Under 1 Year If Under 24 Hours
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

AA Fertilizer Co.

11. BIRTHPLACE (State or foreign country)

Balto., Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry Fink

14. MOTHER'S MAIDEN NAME

Katherine Momberger

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

219-01-0380

17. INFORMANT

ADDRESS

Mrs. Lillie Fink : 3207 Elliott St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Myocardial Degenerative Process

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Atherosclerotic Cardiac Vascular Process
Narrowing of Popliteal Artery, Lt. Lower
Extremity

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 3/11/50, 19__, to 5/20/50, 19__, that I last saw the
deceased alive on 5/20/50, 19__, and that death occurred at 8:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

May - 24 1950.

Oak Lawn Cemetery

7225 Eastern Ave., Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 22 1950

Huntington Williams, M.D.

Charles S. Geiler. 901 S. Conkling St.

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

DATE: 10/1/68

TO: SAC, NEW YORK

FROM: SAC, NEW YORK (100-100000)

SUBJECT: [illegible]

RE: [illegible]

100-100000

100-100000

100-100000

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100-100000

100-100000

100-100000

100-100000

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100-100000

100-100000

100-100000

100-100000

40-

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4611
Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Anna Margaret Panuska

2. DATE
OF
DEATH

May 19/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Maryland* B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

60 722 N. Collington Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 7-03

D. STREET ADDRESS (If rural, give location)
722 N. Collington Ave

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 27, 1882

9. AGE (in years last birthday)

67

H Under 1 Year Months: Days H Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A

13. FATHER'S NAME

Conrad Skildebrandt

14. MOTHER'S MAIDEN NAME

Mary O'Neil

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Edward E. Panuska, 722 N. Collington Ave

18. *442x*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

Hypertensive Cardio Vascular Renal Disease

INTERVAL BETWEEN ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *June 4, 1949* to *May 19, 1950*, that I last saw the deceased alive on *May 19, 1950* and that death occurred at *6 A. m.*, from the causes and on the date stated above.

23A. SIGNATURE

Joseph Pokorny

23B. ADDRESS

2200 E Madison St

23C. DATE SIGNED

5/20/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-23-50

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Salt and

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Frank Boachon

ADDRESS

VS 150

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. The first part of the report is a summary of the work done during the year.

2. The second part of the report is a detailed account of the work done during the year.

3. The third part of the report is a summary of the work done during the year.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4612
Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Ida Mann

2. DATE
OF
DEATH May 22, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1544 Northwick Road

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

4702 Hampnett Avenue

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Aug. 23, 1868

9. AGE (in years last birthday)

81

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Never employed

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Mann

14. MOTHER'S MAIDEN NAME

Elizabeth Weisenbrodt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Otto F. Pfeifer, 1544 Northwick Road

18. 4/20.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) MYOCARDIAL DEGENERATION

5 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) HYPERTENSION

10 yrs +

DUE TO

(C) ARTERIO-SCLEROTIC HEART DISEASE 10 yrs +

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

SENILITY

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Nov. 15, 1948 to 5/22, 1950, that I last saw the deceased alive on 5/20, 1950, and that death occurred at 4 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

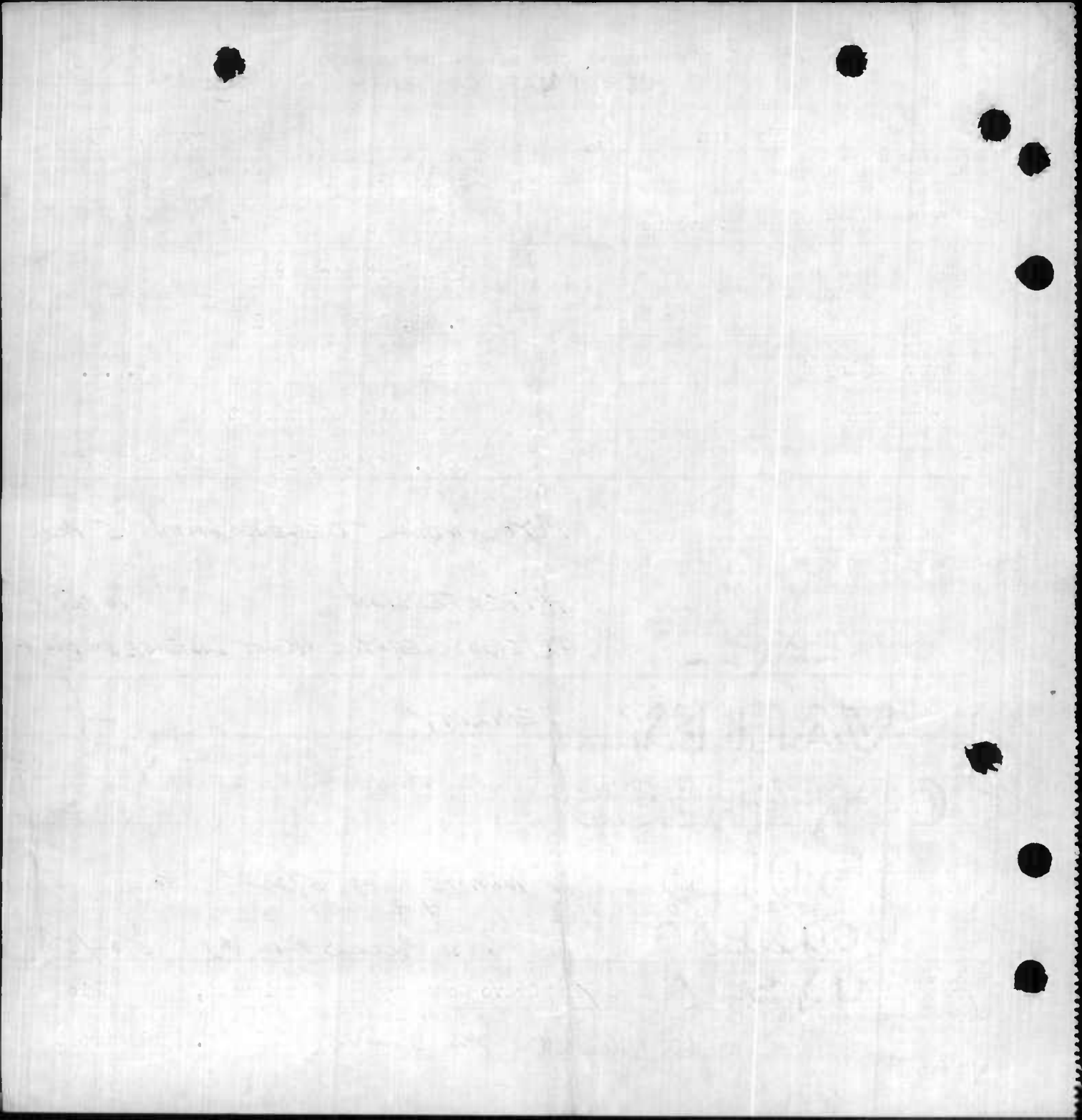
MAY 22 1950

Huntington Williams, M.D.

H. M. Cook, Inc.

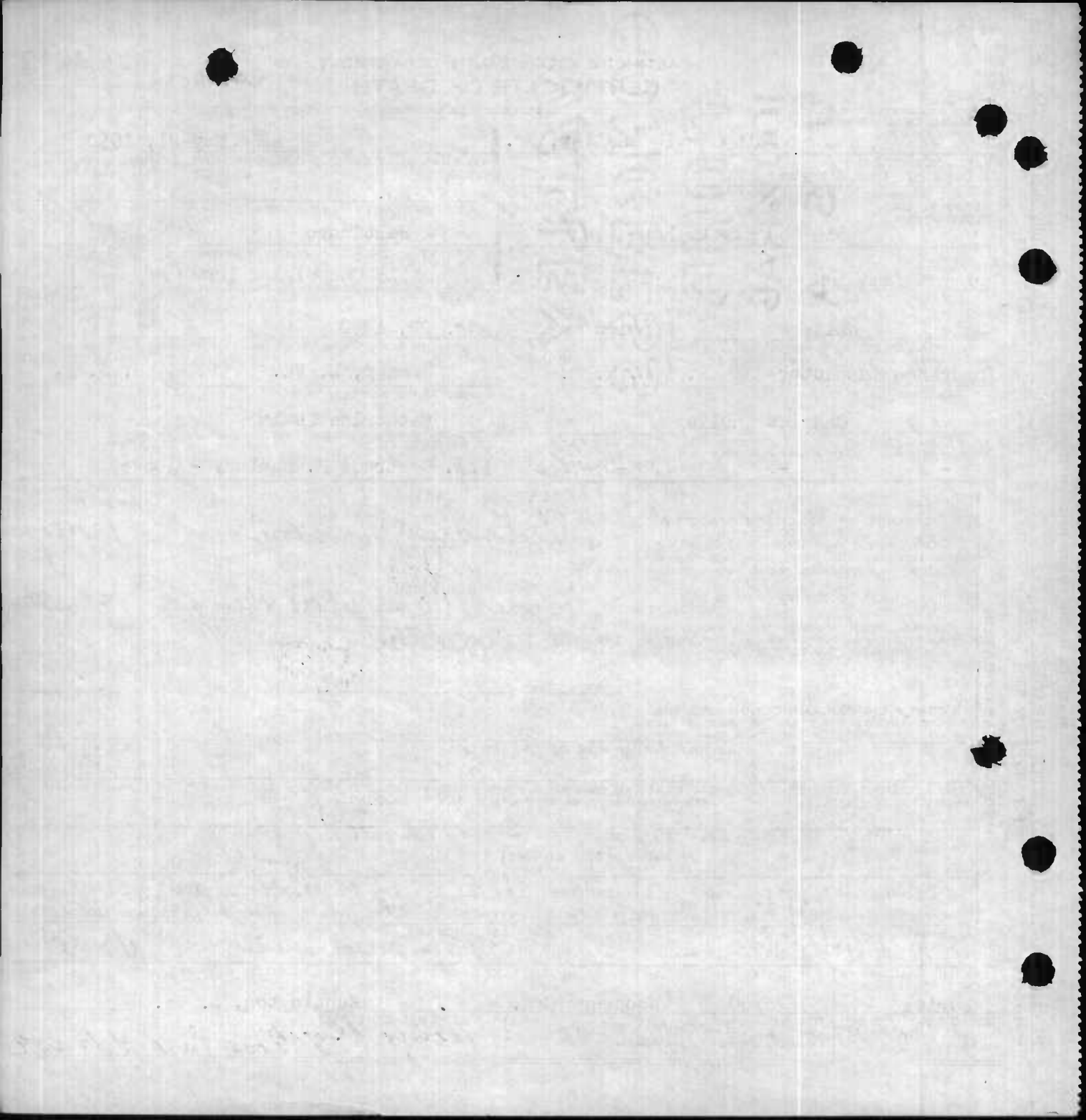
1217 St. Paul Street

937



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 46135-400
50 4613

BIRTH NO.		NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Felty Ervin Shelley, Sr.		May 21, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 515 Chapelgate Lane (N)			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 28-04		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 515 Chapelgate Lane (N)		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 27, 1930	9. AGE (In years last birthday) 59	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Inspector		10B. KIND OF BUSINESS OR INDUSTRY B. & O. R. R.	11. BIRTHPLACE (State or foreign country) Romney, W. Va.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Charles Shelley			14. MOTHER'S MAIDEN NAME Catherine Lewis		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 705-05-7446	17. INFORMANT ADDRESS Mrs. Gertrude P. Shelley - Above		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Cornary Thrombosis</i> DUE TO (B) <i>Cardio-Vascular Decadence</i> DUE TO <i>C Hypertension</i> (C) INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>17 minutes</i>					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 11/14, 1949 to 5/21, 1950, that I last saw the deceased alive on 5/21, 1950, and that death occurred at 4:40 A.M., from the causes and on the date stated above.					
23A. SIGNATURE <i>Eliot W. Johnson</i>		23B. ADDRESS 3432 Frederick Ave. M. D.	23C. DATE SIGNED 5/21/50		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/25/50	24C. NAME OF CEMETERY OR CREMATORY Woodmere Cem.	24D. LOCATION (City, town, or county) (State) Huntington, W. Va.		
DATE RECEIVED BY LOCAL REGISTRAR MAY 22 1950	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS <i>Forney Rogers</i> 5005 Park Heights Ave.			



PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4614
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY E. GREENFIELD

2. DATE
OF
DEATH

MAY 20, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR Home for the Aged-Methodist Church
INSTITUTION

2211 W. Rogers Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

27-105

D. STREET ADDRESS (If rural, give location)

2211 W. Rogers Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec. 5, 1867

9. AGE (In years last birthday)

82

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

Never Worked

11. BIRTHPLACE (State or foreign country)

Balto. County, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Philip C. Greenfield

14. MOTHER'S MAIDEN NAME

Susan M. Garden

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.
None

17. INFORMANT

ADDRESS

Miriam O. Coates-Supt. Above Home

18. 156.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Carcinoma of liver

INTERVAL BETWEEN ONSET AND DEATH

6 MONTHS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from October 15, 1947, to May 20, 1950, that I last saw the deceased alive on May 20, 1950, and that death occurred at 3 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 23, 1950

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

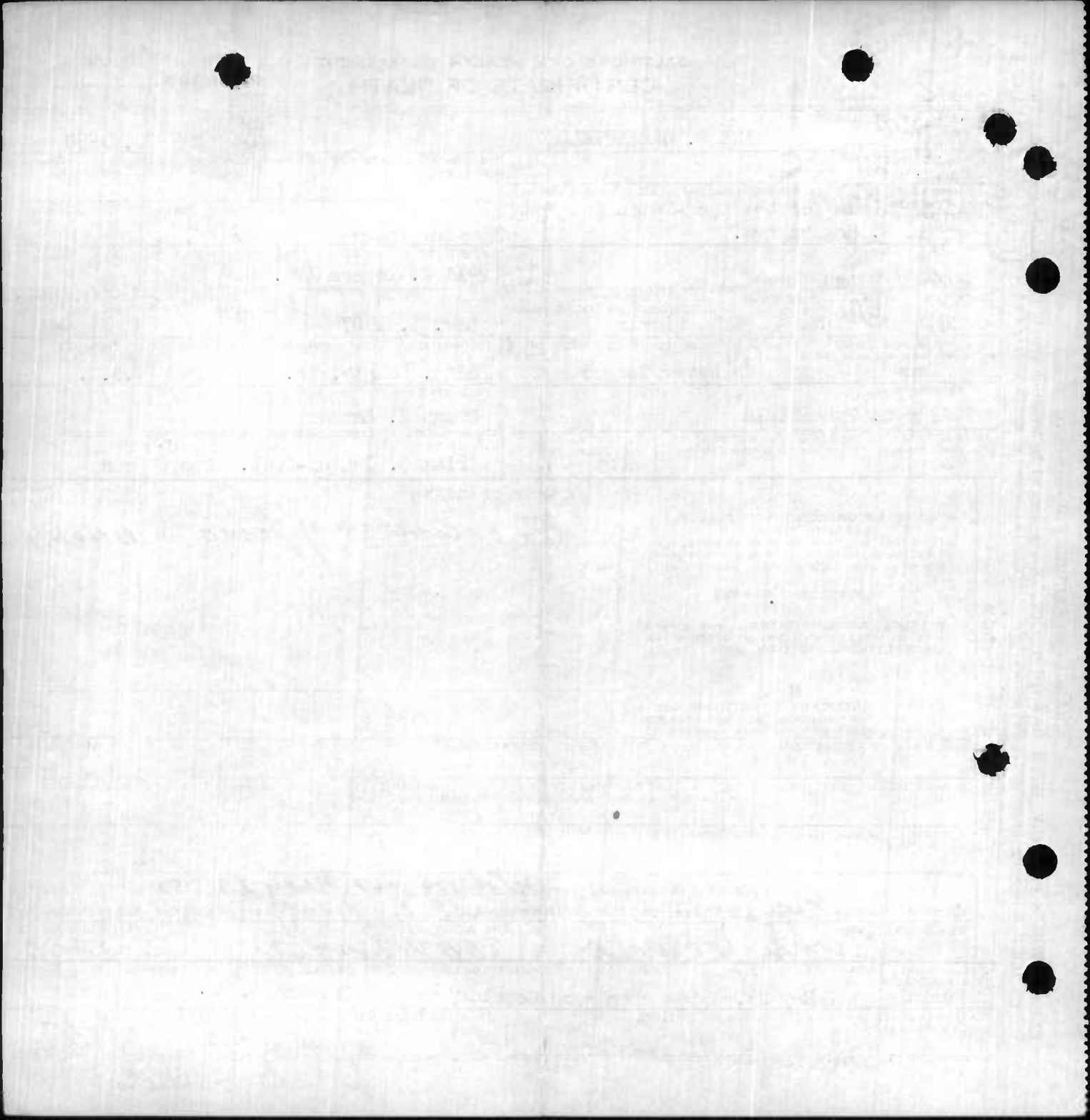
ADDRESS

MAY 23 1950

Washington Williams, M.D.

W. J. Pickens & Sons 12. Ave.

46 F (Balt. 17) Md.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

BERTHA LONG DOWNS

2. DATE
OF
DEATH

May 22, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE Home for Aged-Methodist

70 2211 W. Rogers Ave.

Church

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-15

D. STREET ADDRESS (If rural, give location)

2211 W. Rogers Ave.

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec. 26, 1870

9. AGE (In years last birthday)

79

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

Never Worked

11. BIRTHPLACE (State or foreign country)

Jarrettsville Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Daniel Inloes Downs

14. MOTHER'S MAIDEN NAME

Hannah Hedington

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL SECURITY NO.
None

17. INFORMANT

Methodist Home

ADDRESS

2211 W. Rogers Ave.

18.

331X1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

12 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Arterio sclerosis

20 yrs.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950, to May 21, 1950, that I last saw the deceased alive on May 21, 1950, and that death occurred at 2-30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/25/50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

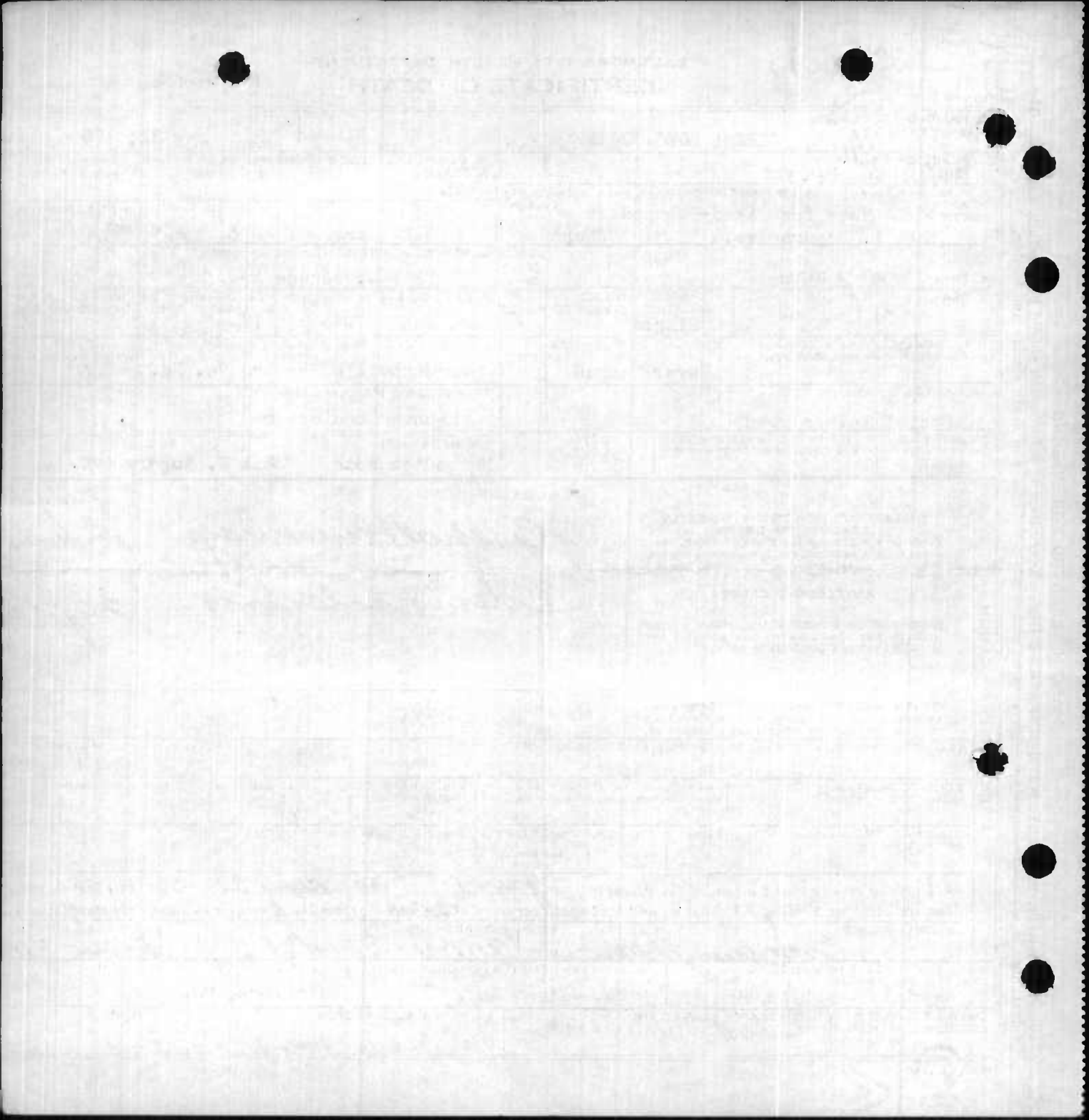
ADDRESS

MAY 22 1950

VS 150

Wm. J. Tichauer, Inc. North & Pa. Bells

83a



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4616

BIRTH NO.

1. NAME OF DECEASED

(Type or Print) VIRGINIA MARGARET

2. DATE
OF
DEATH

May 21, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Home

10B. KIND OF BUSINESS OR INDUSTRY

Home

13. FATHER'S NAME

Clarence Shaeffer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

None

16. SOCIAL SECURITY NO.

?

8. DATE OF BIRTH

Feb. 10, 1919

9. AGE (in years last birthday)

31

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Ida Pobletts

17. INFORMANT

ADDRESS

Mr. Melvin H. Feingold 5115 Nelson Ave.

18. E819.4

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Multiple abrasions, contusions, and fractures

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Subarachnoid hemorrhage

DUE TO

(C) Ruptured bladder and right kidney

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Rogers Ave., about 62' east of Rusk Ave

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

May 20, 1950 2:00 A. m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Auto into pole (deceased--passenger)

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Durlacher M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

5-22-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 25, 1950

24C. NAME OF CEMETERY OR CREMATORY

Western Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Dickerson & Sons Inc.

ADDRESS

North - Baltimore

MAY 22 1950

N-829.2

170C ✓

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of coroner		12. Signature of witness	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of burial place		17. Signature of interment		18. Signature of burial	
19. Signature of burial		20. Signature of burial		21. Signature of burial	
22. Signature of burial		23. Signature of burial		24. Signature of burial	
25. Signature of burial		26. Signature of burial		27. Signature of burial	
28. Signature of burial		29. Signature of burial		30. Signature of burial	
31. Signature of burial		32. Signature of burial		33. Signature of burial	
34. Signature of burial		35. Signature of burial		36. Signature of burial	
37. Signature of burial		38. Signature of burial		39. Signature of burial	
40. Signature of burial		41. Signature of burial		42. Signature of burial	
43. Signature of burial		44. Signature of burial		45. Signature of burial	
46. Signature of burial		47. Signature of burial		48. Signature of burial	
49. Signature of burial		50. Signature of burial		51. Signature of burial	
52. Signature of burial		53. Signature of burial		54. Signature of burial	
55. Signature of burial		56. Signature of burial		57. Signature of burial	
58. Signature of burial		59. Signature of burial		60. Signature of burial	
61. Signature of burial		62. Signature of burial		63. Signature of burial	
64. Signature of burial		65. Signature of burial		66. Signature of burial	
67. Signature of burial		68. Signature of burial		69. Signature of burial	
70. Signature of burial		71. Signature of burial		72. Signature of burial	
73. Signature of burial		74. Signature of burial		75. Signature of burial	
76. Signature of burial		77. Signature of burial		78. Signature of burial	
79. Signature of burial		80. Signature of burial		81. Signature of burial	
82. Signature of burial		83. Signature of burial		84. Signature of burial	
85. Signature of burial		86. Signature of burial		87. Signature of burial	
88. Signature of burial		89. Signature of burial		90. Signature of burial	
91. Signature of burial		92. Signature of burial		93. Signature of burial	
94. Signature of burial		95. Signature of burial		96. Signature of burial	
97. Signature of burial		98. Signature of burial		99. Signature of burial	
100. Signature of burial		101. Signature of burial		102. Signature of burial	

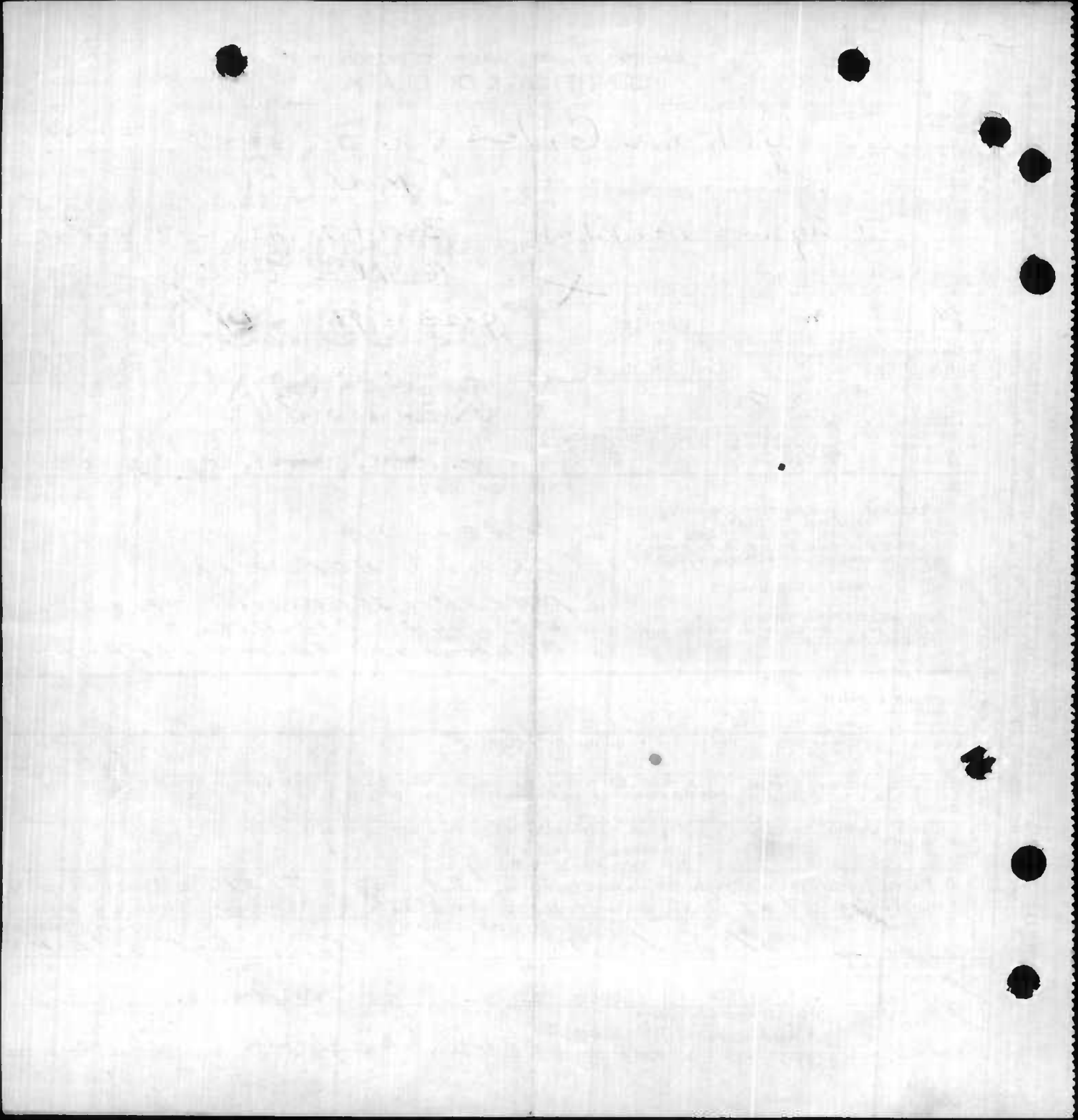
RECEIVED
BALTIMORE CITY HEALTH DEPARTMENT
JAN 10 1910

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4617
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		John L. Giles Sr.		5-21-50	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.		
B. FULL NAME OF HOSPITAL OR INSTITUTION St Agnes Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md		
c. Length of stay in Baltimore			O. STREET ADDRESS (If rural, give location) 332 Arion Park Rd. Oakton Village 25.41		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-23-'91	9. AGE (In years last birthday) 58	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant		10B. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) Balto. Md.	
13. FATHER'S NAME Thomas L. Giles		14. MOTHER'S MAIDEN NAME Catherine Kelly		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. World War I		17. INFORMANT Mr. John L. Giles Jr. Greenwich Gardens	
18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) UREMIA DUE TO CHRONIC NEPHRITIS (B) ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE DUE TO PULMONARY EDEMA & EFFUSION (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/21, 1950, to 5/21, 1950, that I last saw the deceased alive on 5/21, 1950, and that death occurred at 8:05 p.m., from the causes and on the date stated above.					
23A. SIGNATURE John L. Giles Sr.		23B. ADDRESS St. Agnes Hosp.		23C. DATE SIGNED 5/21/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/24/50		24C. NAME OF CEMETERY OR CREMATORY Loudon Pk. Cem.	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR H. J. Ticker & Sons Inc.		24H. ADDRESS Hosch Rd Baltimore, Md.		24I. VS 150 MAY 22 1950	

210 V9

131a



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mrs. Bertha Elizabeth Glick

2. DATE
OF
DEATH

5-21-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Women's Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

6-01

D. STREET ADDRESS (If rural, give location)

406 N. Curley St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

2-22-85

9. AGE (In years last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Home

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Harrisonburg, Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Enos Sprinkle

14. MOTHER'S MAIDEN NAME

Ida Frye

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Mr. George W. Glick 406 N. Curley St.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Pulmonary Edema

ANTECEDENT CAUSES

(B)

DUE TO

Arteriosclerotic Heart Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May 18, 1950, to May 21, 1950, that I last saw the deceased alive on May 21, 1950, and that death occurred at 10:36 P.M., from the causes and on the date stated above.

23A. SIGNATURE

H. C. Decker

M. D.

23B. ADDRESS

Women's Hospital

23C. DATE SIGNED

5-21-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/24/50

24C. NAME OF CEMETERY OR CREMATORY

Oaklawn Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H. J. Teckner Sons Inc

north of Balto. Md.

CERTIFICATE OF DEATH

MADE LIBRARY COPY

DECEASED

NAME

RESIDENCE

DATE

TIME

CAUSE

PLACE

AGE

SEX

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

CHILDREN

GRANDCHILDREN

PROFESSION

HOBBIES

ACHIEVEMENTS

CHARACTER

DEATH

INTERVIEW

REMARKS

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

William L. Jorden

2. DATE
OF
DEATH

May 21, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2428 N. Calvert Street.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

12-03

D. STREET ADDRESS (If rural, give location)

2428 N. Calvert St.

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Unknown

9. AGE (in years last birthday)

About 72

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

ASST. MGR. --- HOTEL

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles E. Jorden

14. MOTHER'S MAIDEN NAME

Anna E. McGill

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Margaret S. Jorden - 2428 N.

18. **4/20/1**

CAUSE OF DEATH

Calvert St.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary thrombosis

about 3 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerotic cardio-vascular disease

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Aneurysm of the abdominal aorta

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **12/1/1947** to **4/8/1950**, that I last saw the deceased alive on **4/8/1950**, and that death occurred at **m.**, from the causes and on the date stated above.

23A. SIGNATURE

W. J. Jorden

23B. ADDRESS

912 Brooks Lane

23C. DATE SIGNED

5/22/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/23/50

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

H. H. Meade & Son - 805 N. Calvert St.

MAY 22 1950

15687

301

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 4620

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Frank M. Gibbons

2. DATE
OF
DEATH

May 20, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

515 Hollen Rd.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

27-08B

D. STREET ADDRESS (If rural, give location)

515 Hollen Rd.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Unknown

9. AGE (In years last birthday)

About 84

If Under 1 Year Months Days Hours Min.

-- -- -- --

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Gibbons

14. MOTHER'S MAIDEN NAME

Waddell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Archey C. New - 515 Hollen Rd.

18.

443 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Chronic hypertensive cardio vascular disease

10 yrs +

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Aug., 1944, to May 20, 1950, that I last saw the deceased alive on May 19th, 1950, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Walter E. Gibbons

M. D.

23B. ADDRESS

1013 Poplar Grove St.

23C. DATE SIGNED

May 22 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/24/50

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

C. H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H. H. Moore and Son - 805 N. Calvert St.

MAY 22 1950

VS 150

93D

May 11, 1940

John A. Wilson

Dear Sir:

My dear Mr. Wilson:

I have just received your letter of May 10, 1940.

I am sorry that I cannot

reply to you more quickly than I am able to do.

I am sure that you will

understand my position.

I am sure that you will

be very understanding.

I am sure that you will

be very understanding and I am sure that you will be very understanding.

I am sure that you will be very understanding and I am sure that you will be very understanding.

I am sure that you will be very understanding and I am sure that you will be very understanding.

I am sure that you will be very understanding and I am sure that you will be very understanding.

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CRATE
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 4621

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lula Crate

2. DATE
OF
DEATH

May 22, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto. 9-05

D. STREET ADDRESS (If rural, give location)

1448 Homestead St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

About

1878

9. AGE (In years last birthday)

72

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

13. FATHER'S NAME

(Unknown)

Riedorf

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Wm. K. Barrett 2 E. Lexington St.

18. E972X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Choking due to chemical gas

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Arteriosclerosis, generalized

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

at home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

1448 Homestead St.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

May 22 1950 12:00

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Four burning gas oven pipes on gas range, ignited

22. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

William J. Helbeck

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

May 22, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Entombment

24B. DATE

5/24/50

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Mausoleum

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 23 1950

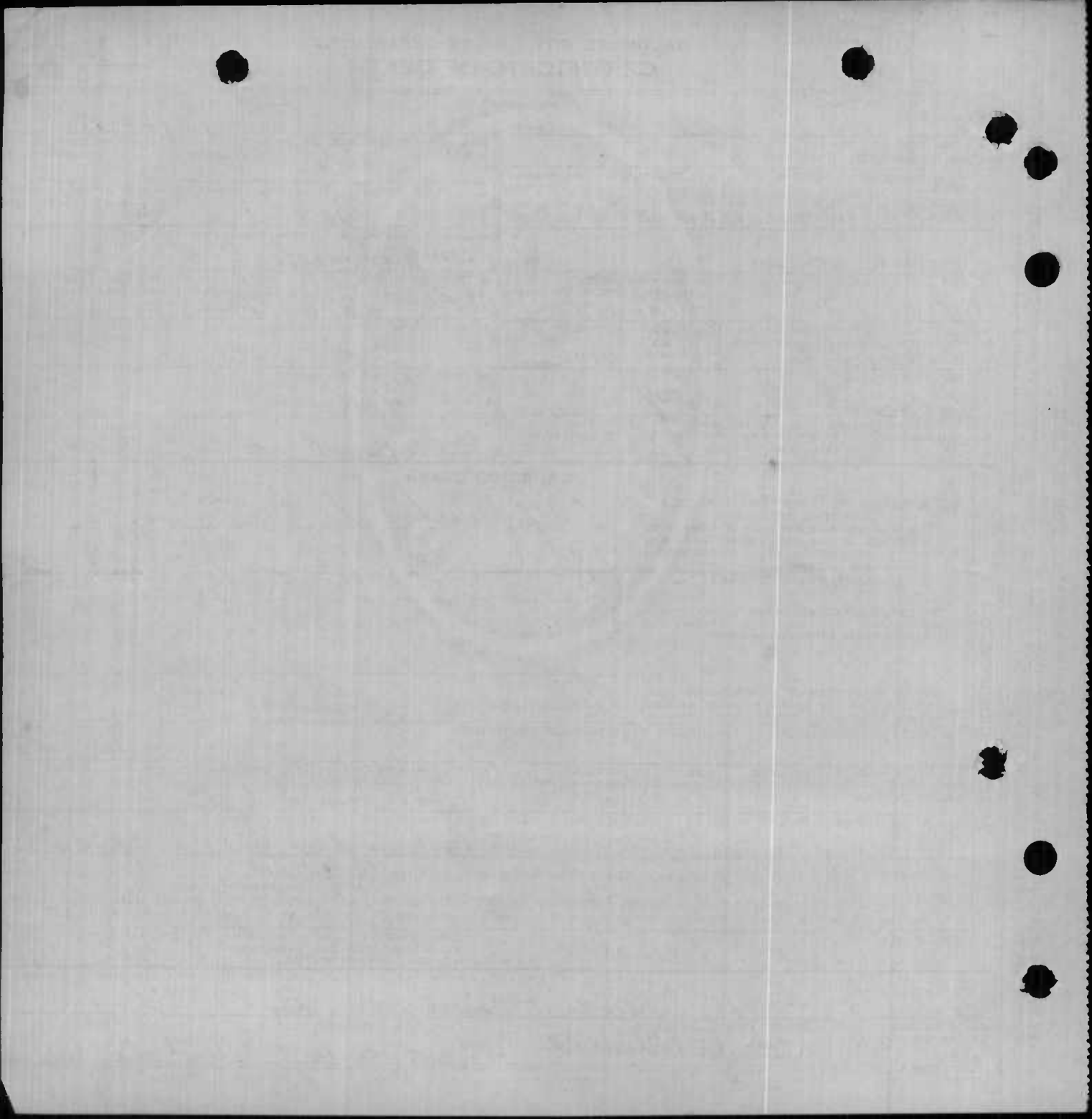
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc. 1217 St. Paul St.

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4622

BIRTH NO. 50-10719

1. NAME OF DECEASED
(Type or Print)

Ralph Wetzel-Drees

2. DATE
OF
DEATH

5/21/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Bon Secours Hosp

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

924 Wildwood Parkway

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

5/21/50

9. AGE (In years
last birthday)10. Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Carl Drees

14. MOTHER'S MAIDEN NAME

Guth Wetzel

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Carl Drees

18.

771.5

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Cerebral anoxia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cerebral hemorrhage

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Post. Hemorrhagic Disease

Premature labor

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

2900 Fredrick Rd

22. I hereby certify that I attended the deceased from 5/21/50, to 5/21/50, that I last saw the
deceased alive on 5/21/50 and that death occurred at 11:45 PM., from the causes and on the date stated above.

23A. SIGNATURE

D. J. Scholer

M. D.

23B. ADDRESS

Bon Secours Hosp

23C. DATE SIGNED

5/22/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5/23/50

24C. NAME OF CEMETERY OR CREMATORY

Mt Olivet Cmt

24D. LOCATION (City, town, or county) (State)

2900 Fredrick Rd

DATE RECEIVED BY
LOCAL REGISTRAR

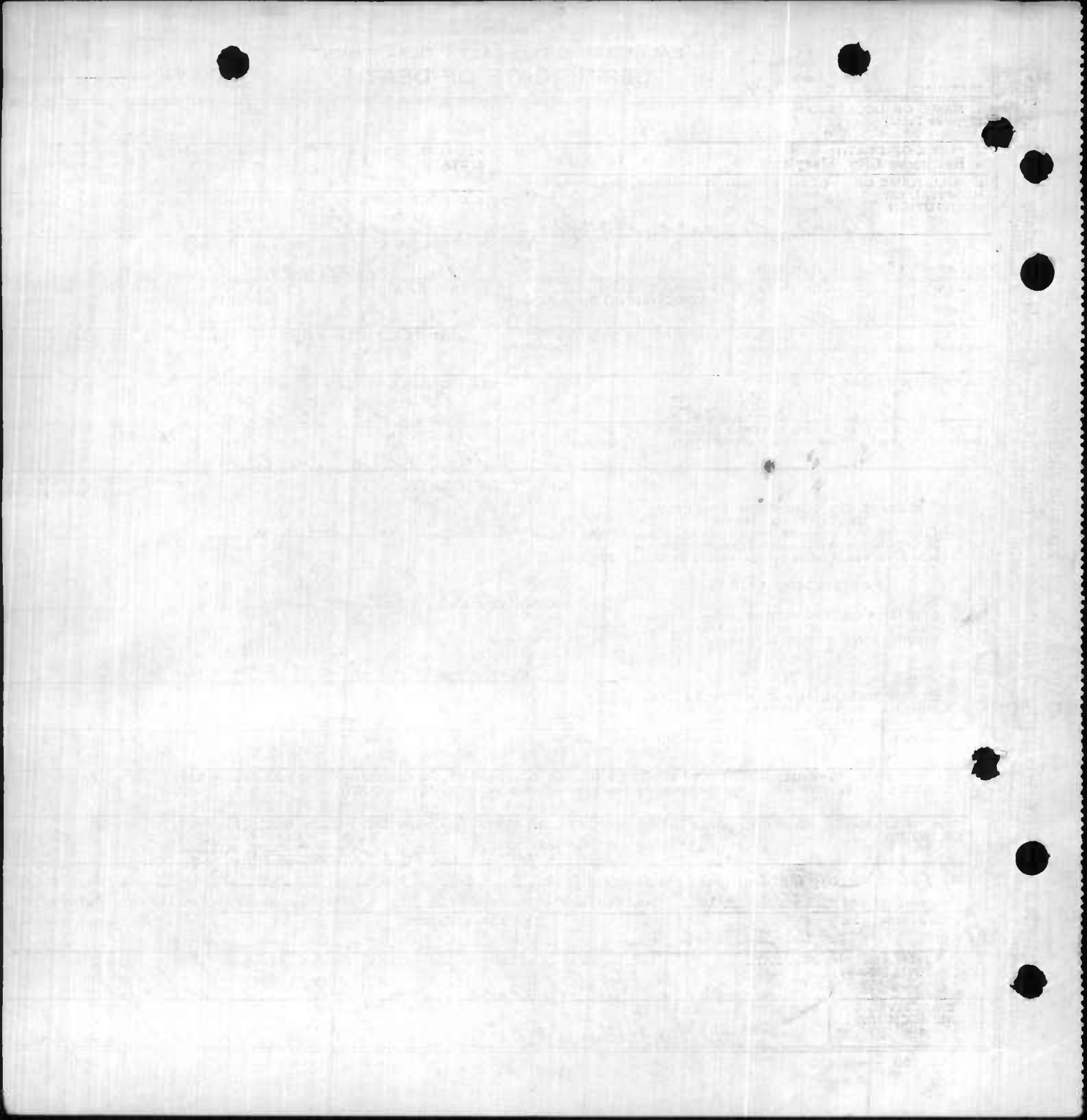
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Raney H. Wetzel 4101 Edmondshire



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4623

BIRTH NO.

NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years, last birthday)

10. Under 1 Year 11. Under 24 Hours
Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 19th, 1950, to May 21st, 1950, that I last saw the deceased alive on May 19th, and that death occurred at 7 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

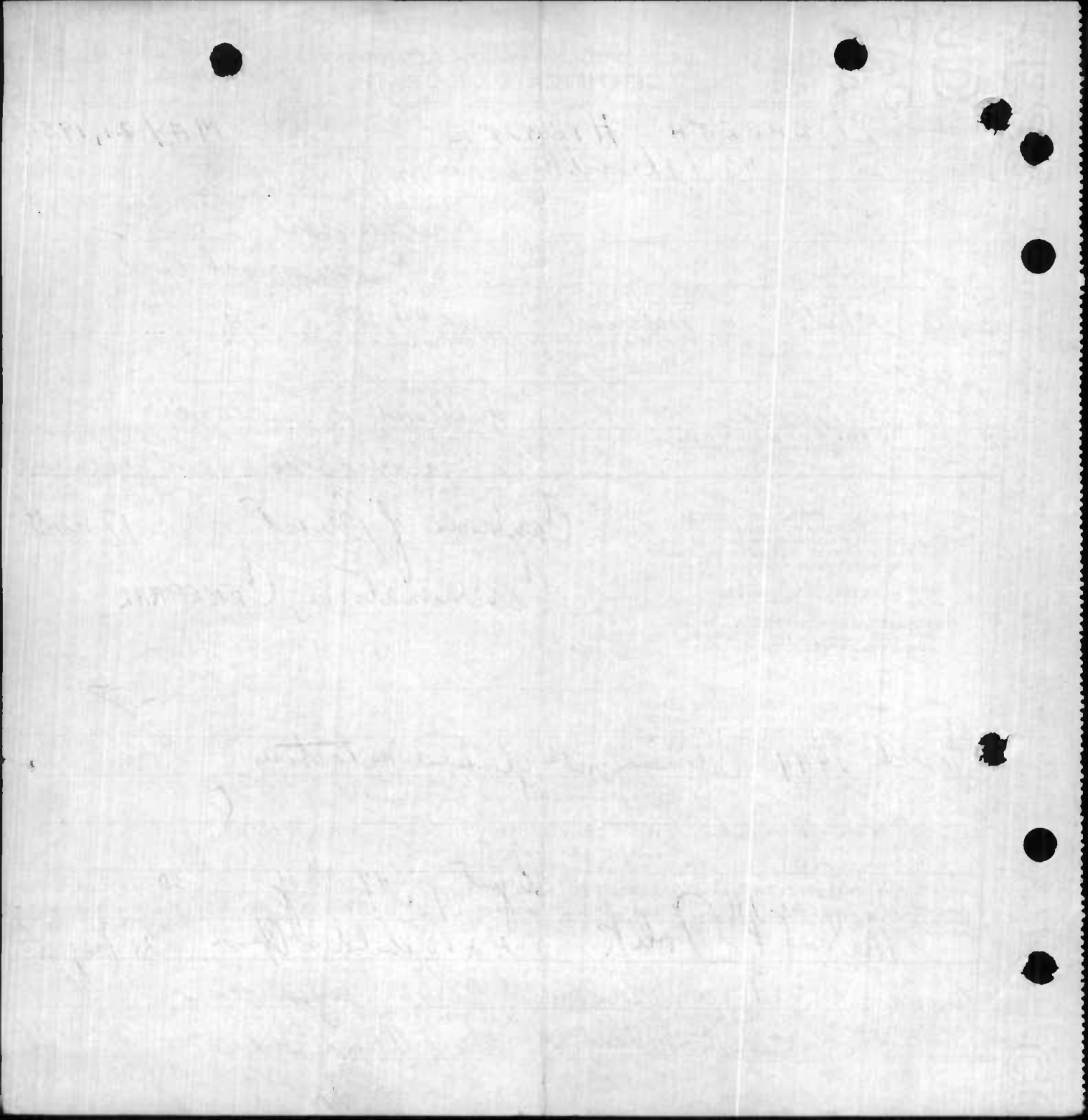
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



M M. 1351

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4624

BALTIMORE CITY HEALTH DEPARTMENT

50

4624

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Charles Dashields. (DeShields)

2. DATE
OF
DEATH

May 5, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE Maryland.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE Baltimore City Hospitals

4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

17-03

D. STREET ADDRESS (If rural, give location)

838 Harlem Ave.

c. Length of stay in Baltimore

56 Years

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Sept. 16, 1867

9. AGE (In years
last birthday)

82 83

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Dashields (DeShields)

14. MOTHER'S MAIDEN NAME

Caroline Winder

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B.C. H. Records 4940 Eastern Ave.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Arteriosclerotic Cardiovascular
Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Prostatic hypertrophy

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 1-20, 1950, to 5-5, 1950, that I last saw the
deceased alive on 5-5, 1950, and that death occurred at 5:00A. m., from the causes and on the date stated above.

23A. SIGNATURE

J. B. Rogers

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL MAY 17 1950

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

E-232
50 4625

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4625
Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

John Estes

2. DATE
OF
DEATH

May 19, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2246 Madison Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

1303

D. STREET ADDRESS (If rural, give location)

2246 Madison Ave.

c. Length of stay in Baltimore

41

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 7, 1898

9. AGE (In years, last birthday)

52

If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Porter

10B. KIND OF BUSINESS OR INDUSTRY

Chemical Factory

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

? Estes

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Susie Estes 2246 Madison Av.

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cornary Thrombosis

is attack 5/17/50

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 5/17, 1950, to 5/19, 1950, that I last saw the deceased alive on 5/19, 1950, and that death occurred at 7:01 m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. J. Franke

M. D.

23B. ADDRESS

122 W. See

23C. DATE SIGNED

5/22/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-23-50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 23 1950

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

Dr. Frances T. Hemmely

ADDRESS

578 W. Biddle S

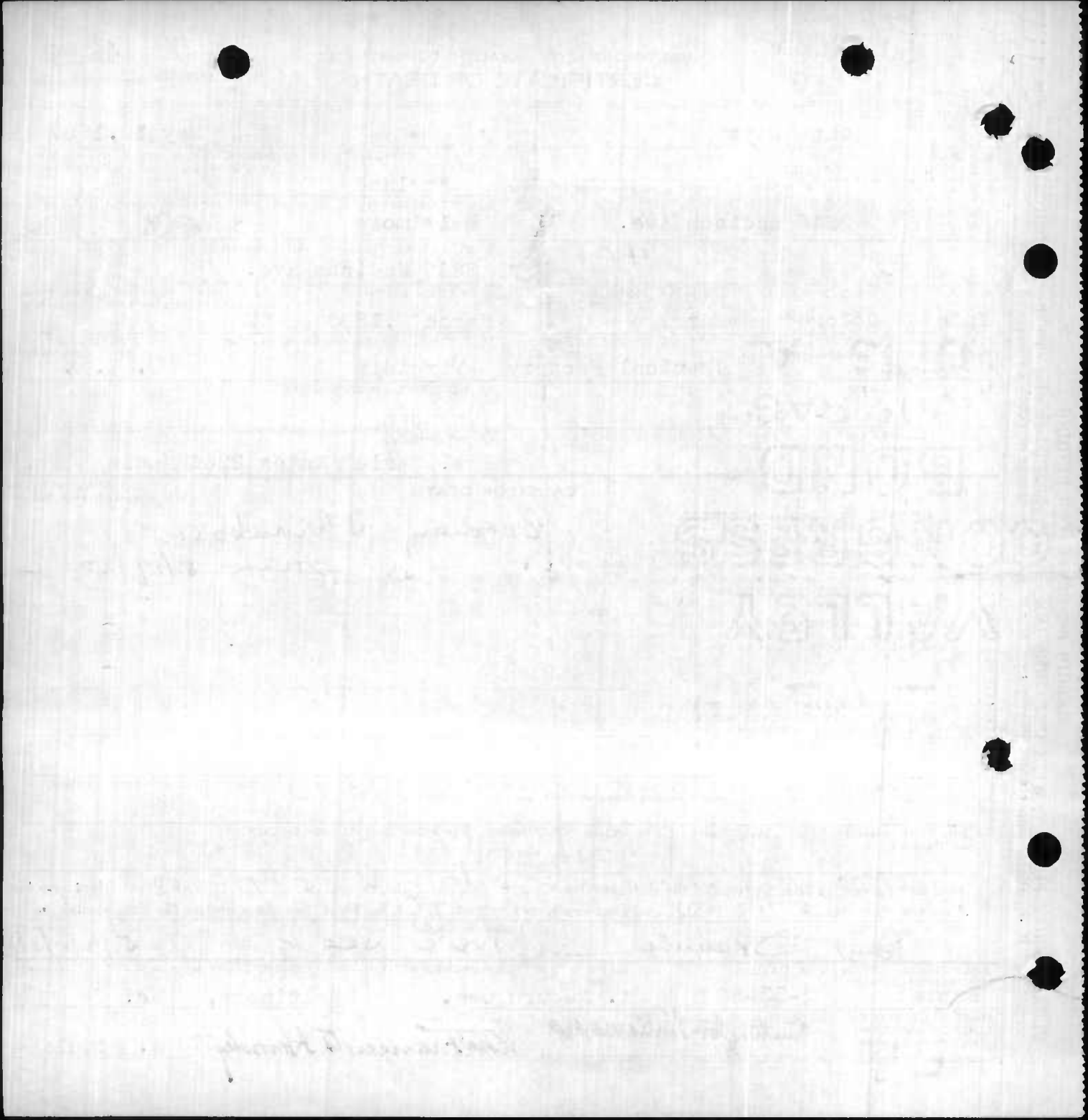
VS 150

75017

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

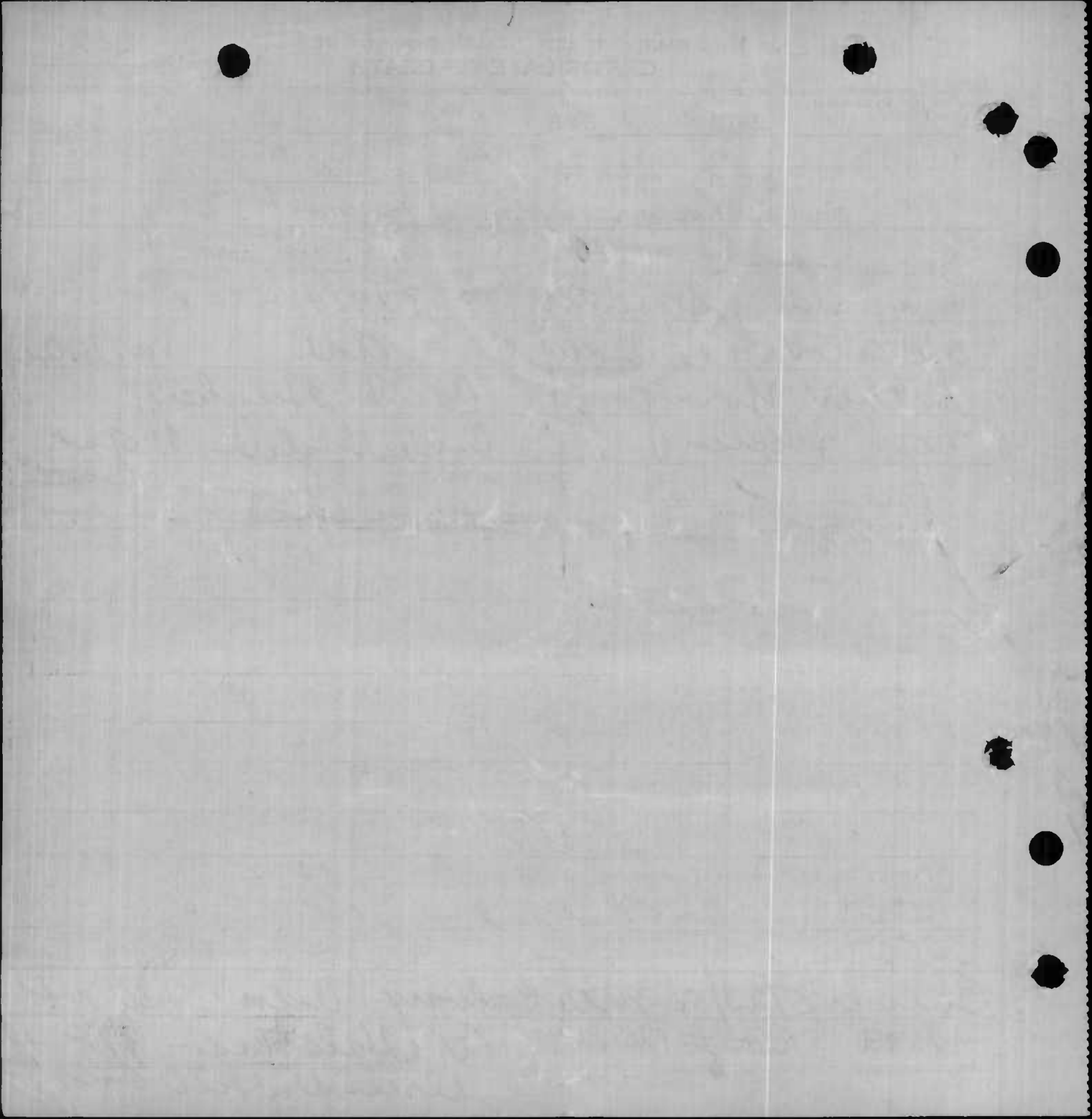
M-200 50 4626

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 50 4626

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		ADELE MOSS		May 17, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital			A. STATE Maryland		
C. Length of stay in Baltimore 10 Yrs. Mos. Days			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 22-01		
D. STREET ADDRESS (If rural, give location) 611 S. Sharp Street			D. STREET ADDRESS (If rural, give location)		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH ? ? 1914	9. AGE (In years last birthday) 36	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator			10B. KIND OF BUSINESS OR INDUSTRY Laundry		
11. BIRTHPLACE (State or foreign country) Ga.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Luther Young			14. MOTHER'S MAIDEN NAME Carrie Hughey		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) no			16. SOCIAL SECURITY NO. none		
17. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) Pulmonary tuberculosis, far advanced			18. INTERVAL BETWEEN ONSET AND DEATH		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. DeMaester M.D.		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR		23C. DATE SIGNED 5/19/50	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 5/23/50		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary	
24D. LOCATION (City, town, or county) (State) Adams Hill Md.		25. FUNERAL DIRECTOR A. Halstead		ADDRESS 918 - 4488 Shreve Hill Ave.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 23 1950		REGISTRAR'S SIGNATURE Washington Williams			

4488 Shreve Hill Ave. 13B



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4627
Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Mrs. Rosalie Jachimowicz

2. DATE OF DEATH
May 22-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1622 Thames Street

B. FULL NAME OF HOSPITAL OR INSTITUTION
Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 31 2503

D. STREET ADDRESS (If rural, give location)
1622 Thames Street

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widow

8. DATE OF BIRTH

Oct 3, 1870 ?

9. AGE (In years last birthday)

79 80 ?

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Paul Gutowski

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Rozalia Poniatowski

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Veronica Jaroneczyk 1622 Thames Street

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Chronic heart disease C.V. disease*

DUE TO

4-12-48

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Chronic myocarditis*

DUE TO

4-12-48

(C) *Myocardial Failure*

5-10-50

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Em

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-12-1948, to 5-22-1950, that I last saw the deceased alive on 5-21-1950, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/25/50

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

George A. Weber 705 South Ann Street

MAY 23 1950

VS 150

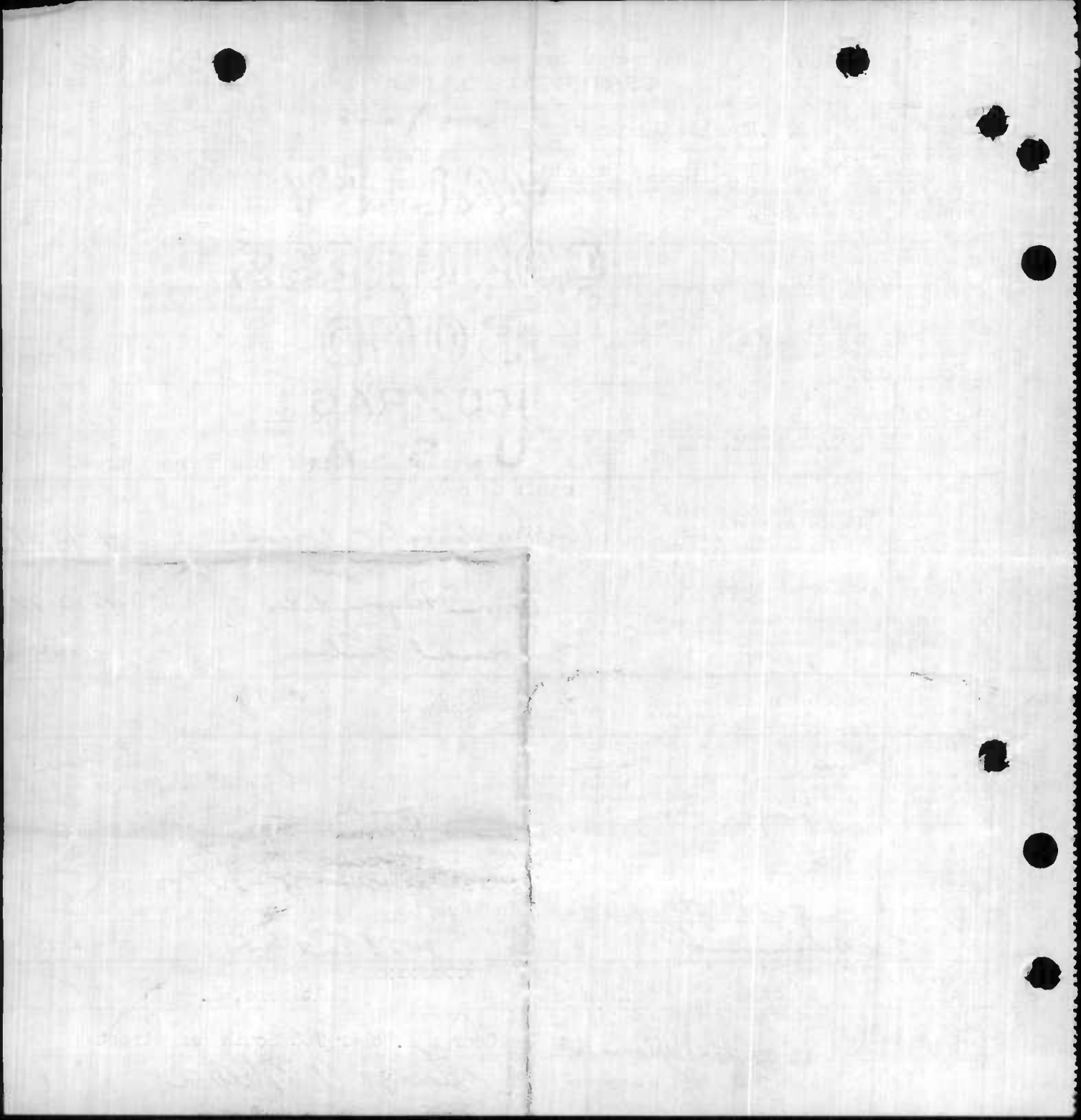
William H. Williams, M.D.

George A. Weber

931

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **50 4628**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LUCILLE

LEE

2. DATE
OF
DEATH

May 21, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 16-01

D. STREET ADDRESS (If rural, give location)

1124 Riggs Avenue

c. Length of stay in Baltimore

19

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 7 1890

9. AGE (In years
last birthday)

59

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or date of service)

no

none

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

John Lee — 1124 Riggs Ave.

18. 4221

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Arteriosclerotic Cardio-
vascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

H. J. McCafferty

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☐M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

5/22/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/27/50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town or county)

Cedar Hill Rd.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, Jr.

25. FUNERAL DIRECTOR

A. Holstead - 918

ADDRESS

Alvord Hill 935

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4629
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sadie Fox

2. DATE
OF
DEATH

May 26, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. Md.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1728 Bolton St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore, Md.

D. STREET ADDRESS (If rural, give location)

1728 Bolton St. 14-01

C. Length of stay in Baltimore

85 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Dec. 3, 1864

9. AGE (In years last birthday)

85

10. Under 1 Year

Months: 3 Days: 17

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House-wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Moses H. Springer

14. MOTHER'S MAIDEN NAME

Martha Benjamin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Elsie Fox Herman 1728 Bolton St.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Acute Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

10 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Chronic arteriosclerosis
Cardiac disease

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1952, to May 21, 1952, that I last saw the deceased alive on May 18, 1952, and that death occurred at 5:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Bernard Cohen

M. O.

23B. ADDRESS

Marchmont apt

23C. DATE SIGNED

5-22-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 23, 1950

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Hebrew

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 23 1950

REGISTRAR'S SIGNATURE

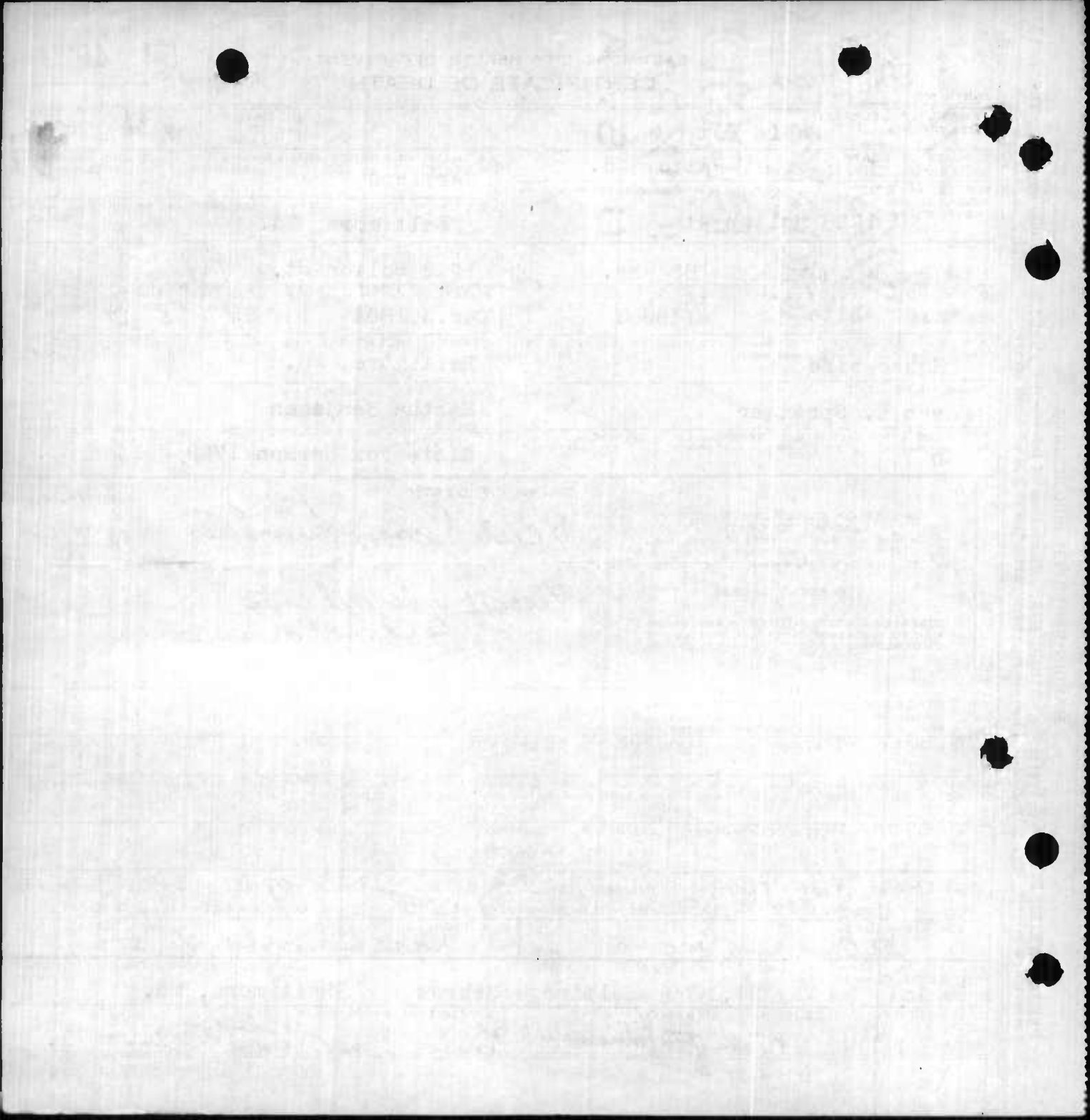
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Karl Sondheim

ADDRESS

1902 Rutaw Pl.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4630
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JENNIE FEBO

2. DATE
OF
DEATH

MAY 21 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

FRANKLIN SQ HOSP

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 2-6-01

c. Length of stay in Baltimore

37 Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

5817 1/2 BELAIR Rd.

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

AUGUST 7, 1894

9. AGE (In years last birthday)

55

10 Under 1 Year Months: Days

9 14

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House work at

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

ITALY

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

SEBASTIAN VESPIKO

14. MOTHER'S MAIDEN NAME

Engela Termina

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

No

17. INFORMANT

ADDRESS

Jennie Barbarino 5817 1/2 Belair

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CEREBRAL THROMBOSIS.

DUE TO

20 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ARTERIO SCLEROSIS. CEREBRAL.

DUE TO

NOT KNOWN

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) HYPERTENSIVE CARDIOVASCULAR DISEASE

NOT KNOWN.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from MAY 6, 1950, to MAY 21, 1950, that I last saw the deceased alive on MAY 21, 1950, and that death occurred at 9:15 pm., from the causes and on the date stated above.

23A. SIGNATURE

J. F. Hawkins

M. D.

23B. ADDRESS

FRANKLIN SQ. HOSPITAL - BALTI.

23C. DATE SIGNED

MAY 21 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-25-1950

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Burying

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 25 1950

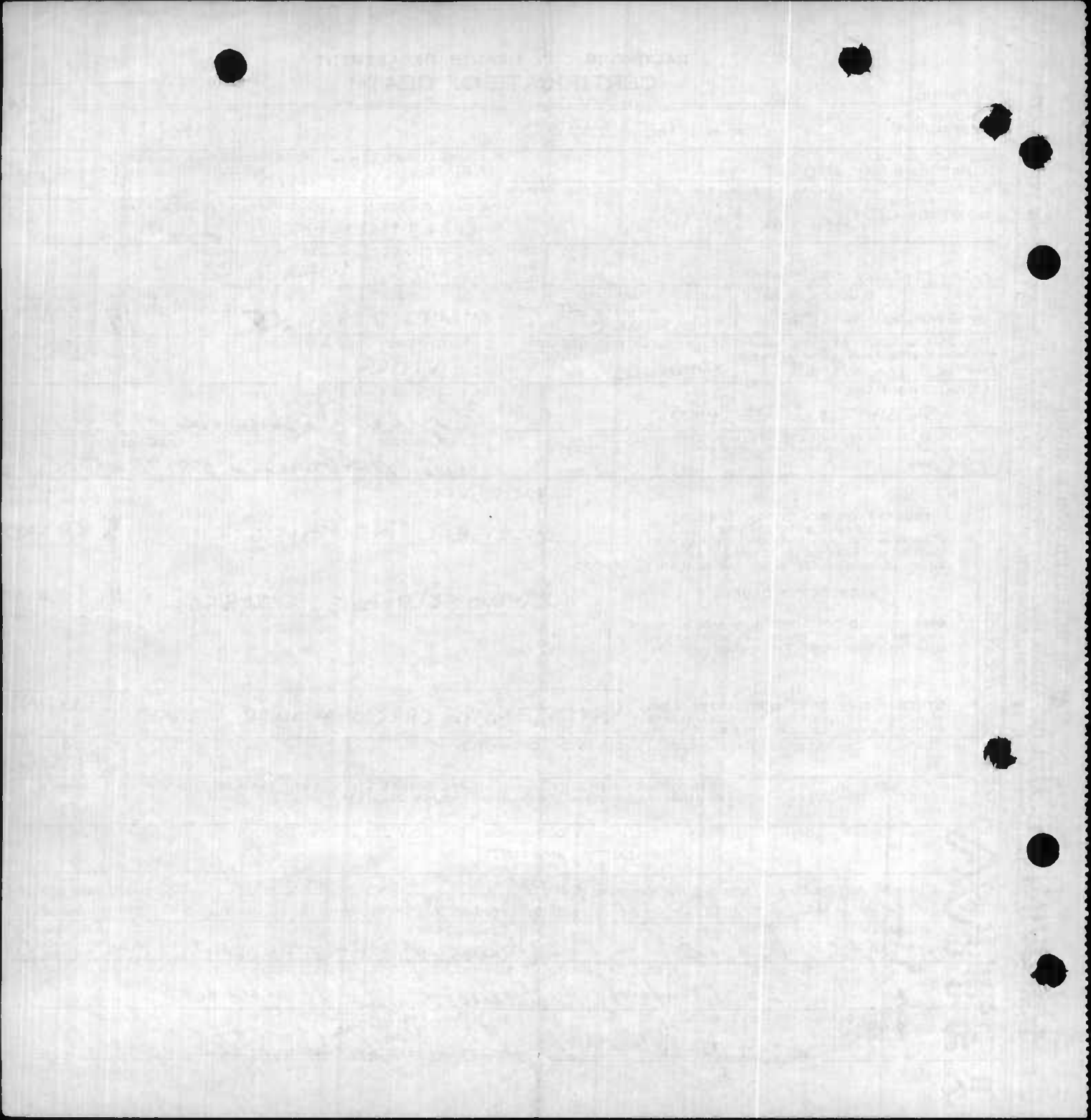
REGISTRAR'S SIGNATURE

W. Williams

25. FUNERAL DIRECTOR

Elmer W. Coulter 924 E. Eager St.

ADDRESS



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **50 4631**

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Richard Howard

2. DATE OF DEATH **5/19th/1950**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Balto. City**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Good Samaritan Home Incurables

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City

D. STREET ADDRESS (If rural, give location)

1205 Ashland Ave

c. Length of stay in Baltimore

30 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12/18/1892

9. AGE (in years last birthday)

57

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Contractors

10B. KIND OF BUSINESS OR INDUSTRY

For Self

11. BIRTHPLACE (State or foreign country)

Brundle CO. MD.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joshua Howard

14. MOTHER'S MAIDEN NAME

Corvella

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Viola Walker 1205 Ashland Ave

18. **442X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebro Vascular Kemal

INTERVAL BETWEEN ONSET AND DEATH

1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Decay, Congestive Failure

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **5/18, 1950**, to **5/19, 1950**, that I last saw the deceased alive on **5/18, 1950**, and that death occurred at **4:15 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/23/1950

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn A.A. CO. Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 23 1950

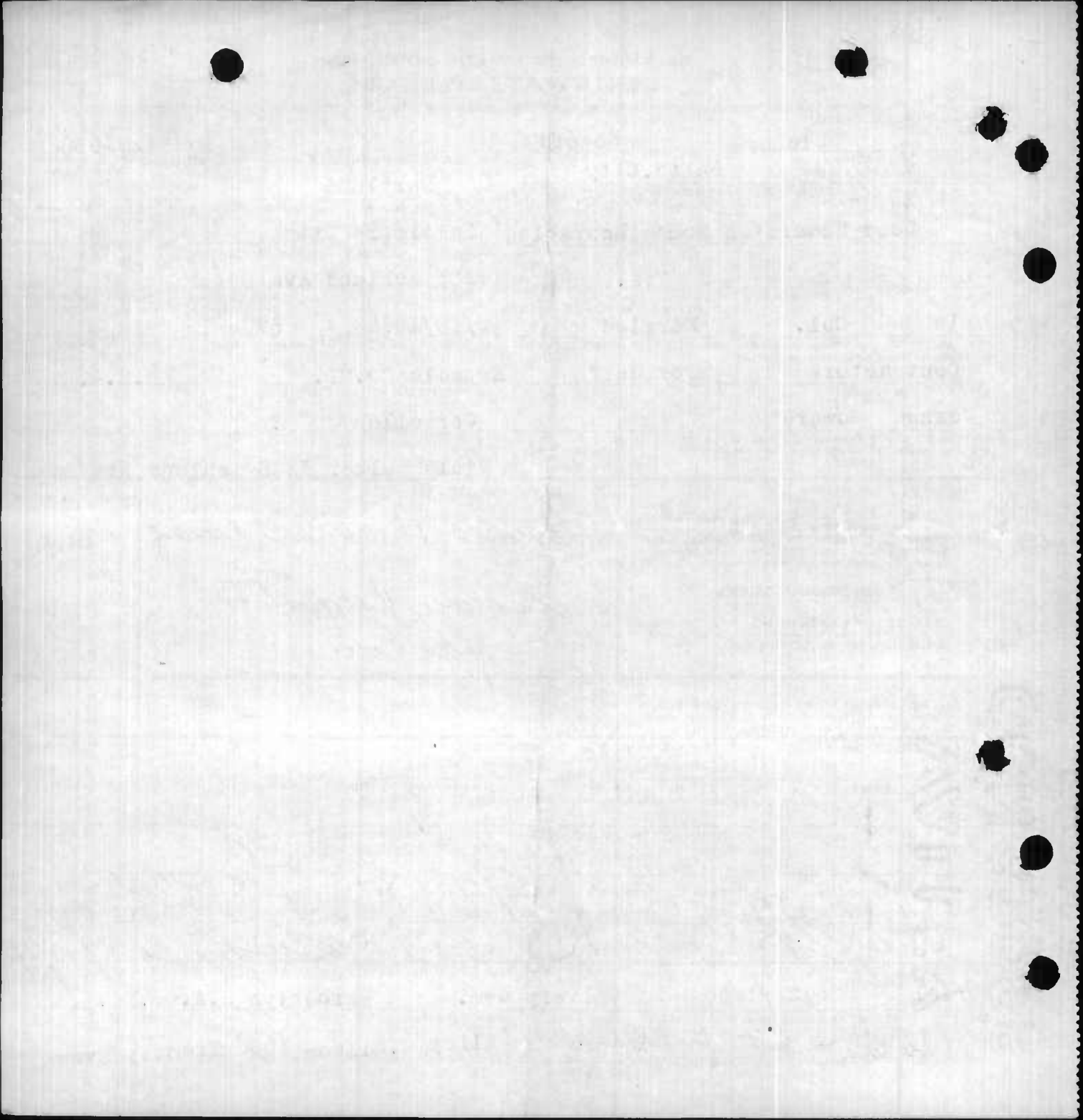
REGISTRAR'S SIGNATURE

Wm. J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Elroy O. Wilson 1000 Brantly Ave



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4632
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION

A. STATE B. COUNTY

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

18.

443 X 1
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Hypertensive, Arteriosclerotic Cardiovascular Disease

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1949, to May 21, 1950, that I last saw the deceased alive on May 21, 1950, and that death occurred at 1:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

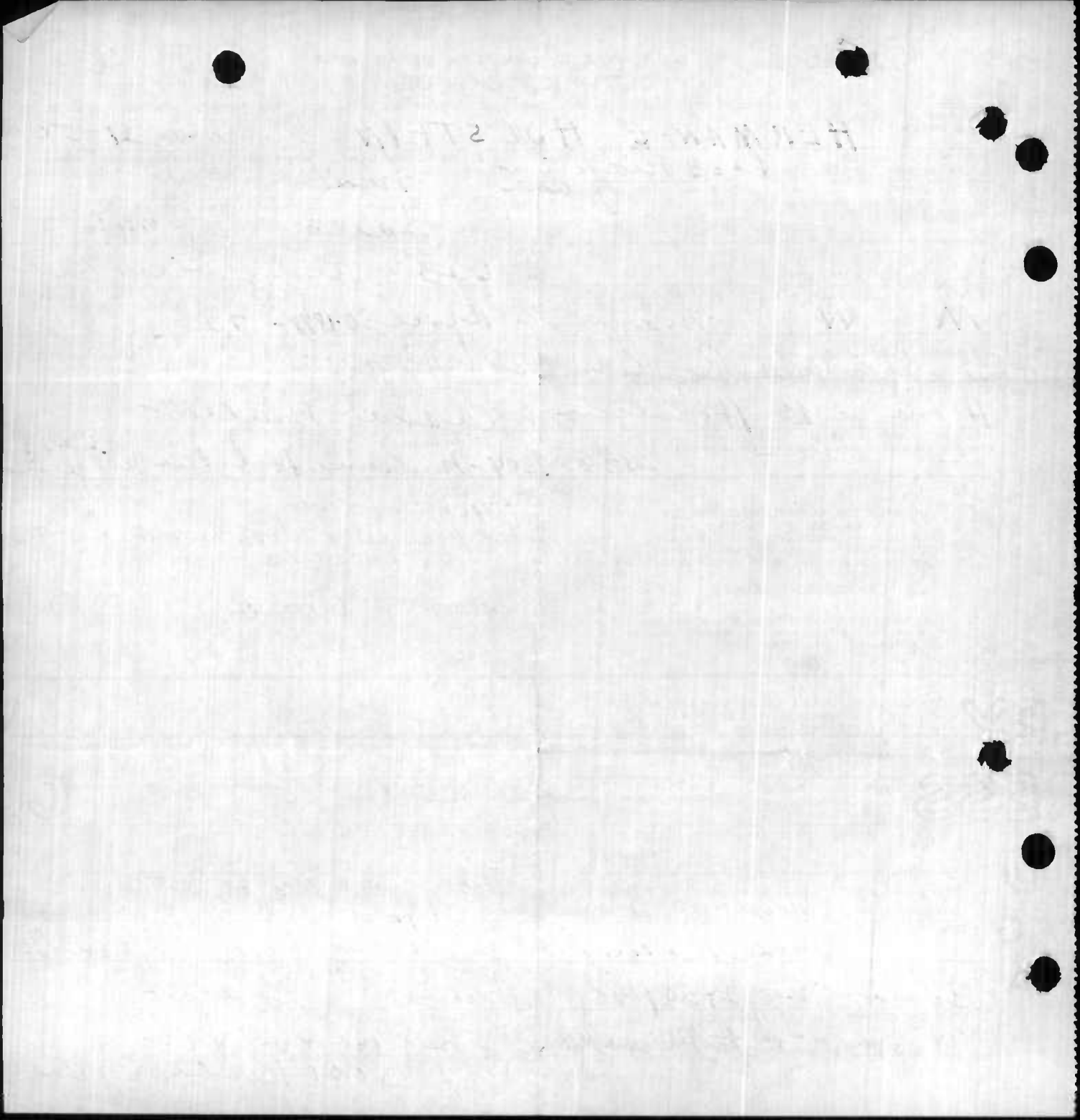
2664V

3001 Kentucky Ave 93

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **50 4633**

BIRTH NO.

NAME OF DECEASED
(Type or Print)

FRANK R. Schoolfield

2. DATE
OF
DEATH

May 20-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3407 Echodale Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **MARYLAND** B. COUNTY **BALTIMORE**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **27-03**

D. STREET ADDRESS (If rural, give location)

3407 Echodale Ave.

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Nov. 28-1871

9. AGE (in years last birthday)

78

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED ELECT. ENGINEER

10B. KIND OF BUSINESS OR INDUSTRY

ENGINEER

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

2

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS **Echodale**

MRS. HATTIE Schoolfield-3407

18. **181X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Carcinoma of the Bladder

INTERVAL BETWEEN ONSET AND DEATH

8 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Dec, 1949

19B. MAJOR FINDINGS OF OPERATION

Ca of the bladder

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ HOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **May 16, 1950** to **May 20, 1950**, that I last saw the deceased alive on **May 19, 1950**, and that death occurred at **9 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

William F. Pearce

23B. ADDRESS

2105 N Charles St

23C. DATE SIGNED

May 22, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/23/50

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county) (State)

BalTo Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 23 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

L. J. Ruck

ADDRESS

5305 HARTFORD Rd.

Dr. Pearce
2105 N. Charles St.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mary E. Webster

2. DATE
OF
DEATH

May 22, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 634 N. Washington St.,

B. FULL NAME OF HOSPITAL OR INSTITUTION

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

634 N. Washington St.,

c. Length of stay in Baltimore Lifetime

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Jesse Kent

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Charles A. Smith 934 N. Collington Ave.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

1 hour

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Feb 10, 1950, to May 22, 1950, that I last saw the deceased alive on May 21, 1950, and that death occurred at 6 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Joseph Pokorny

M. D.

2200 E Madison St

5/23/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

May 25, 1950

Baltimore

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 23 1950

Huntington Williams, Jr.

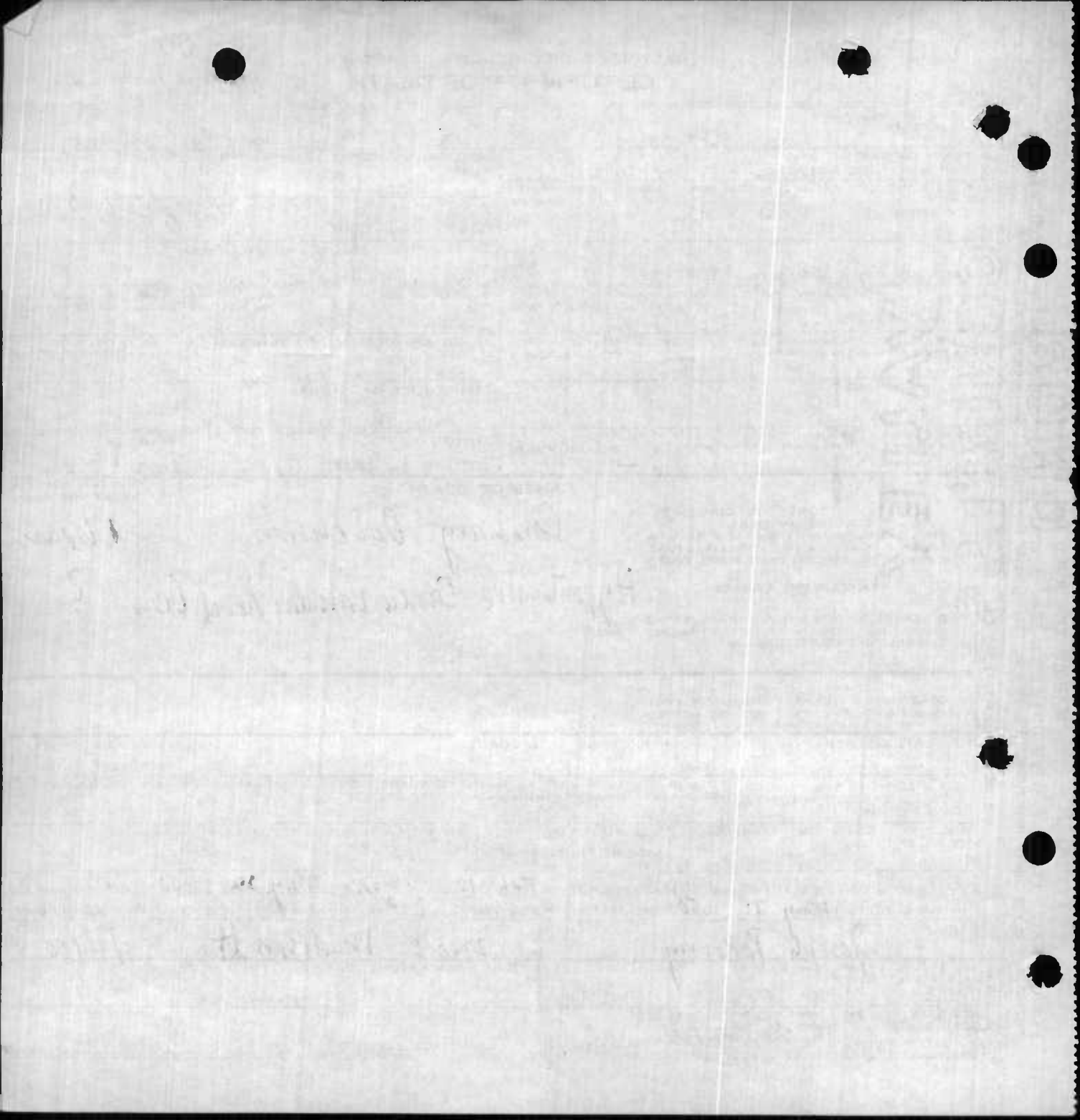
Ullrich Funeral Home 2008 Orleans St.,

VS 150

121a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

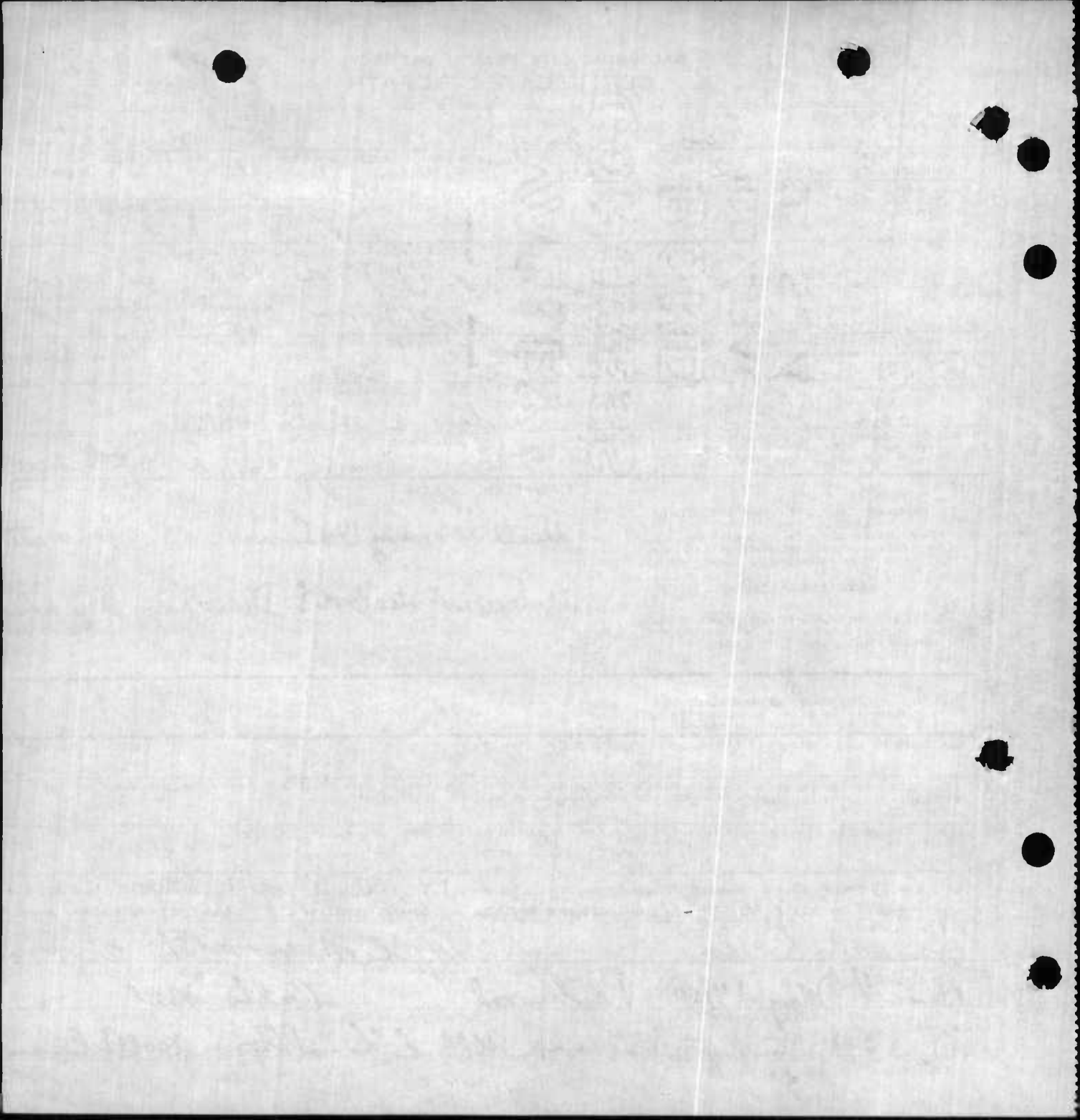


PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4635
Registered No.

BIRTH NO.		NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Frank Lurz		May 21/50	
3. PLACE OF DEATH:					
a. Baltimore City, Maryland 627 N Belnord					
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)					
c. Length of stay in Baltimore life					
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
Male		White		married	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Pattern Maker		Retired Glen L Martin		Bald	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
John Lurz		Sophia Matusek			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				Lannie Lurz 627 N Belnord Ave	
18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
CAUSE OF DEATH					
(A) Acute Coronary Occlusion					
DUE TO					
(B) Arteriosclerotic Heart Disease					
DUE TO					
(C)					
INTERVAL BETWEEN ONSET AND DEATH					
few minutes					
2 years					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY?					
YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 14, 1950, to May 21, 1950 that I last saw the deceased alive on May 20, 1950 and that death occurred at 10:30 pm., from the causes and on the date stated above.					
23A. SIGNATURE		M. D.		23C. DATE SIGNED	
Isaac Rosen				May 23/50	
23B. ADDRESS		24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
2413E Monument St		Burial		May 24/50	
		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
		Parkwood		Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
MAY 23 1950		Huntington Williams, M.D.		Ullrich Funeral Home 2008 Chelms	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **50 4636**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE WILLIAM MARTIN

2. DATE
OF
DEATH

May 22, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY **Carroll**

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Westminster

D. STREET ADDRESS (If rural, give location)

Manchester Road

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Male **White** **Single** **Est. 15 1932** **17** **Carroll Co** **U.S.**

Laborer **Pleasant Valley Shoe Co.**

Carroll Co

U.S.

13. FATHER'S NAME

John C. Martin

14. MOTHER'S MAIDEN NAME

Viola Caples

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No **sum**

16. SOCIAL SECURITY NO.

17. INFORMANT

Donald C. Martin **74 E Main St Westminster Md**

18. **E 919.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Gunshot wound of head**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Friend's house

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

W. Main Street, Westminster

5641

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

5/22/50 9:30 P.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Shot himself while playing Russian Roulette

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

H. Mc Clafferty

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

5/23/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 26-50

24C. NAME OF CEMETERY OR CREMATORY

Rivers Cemetery

24D. LOCATION (City, town, or county)

Carroll Co

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 23 1950

REGISTRAR'S SIGNATURE

William H. Bankard

25. FUNERAL DIRECTOR

H. Bankard - 100 Westminster Md.

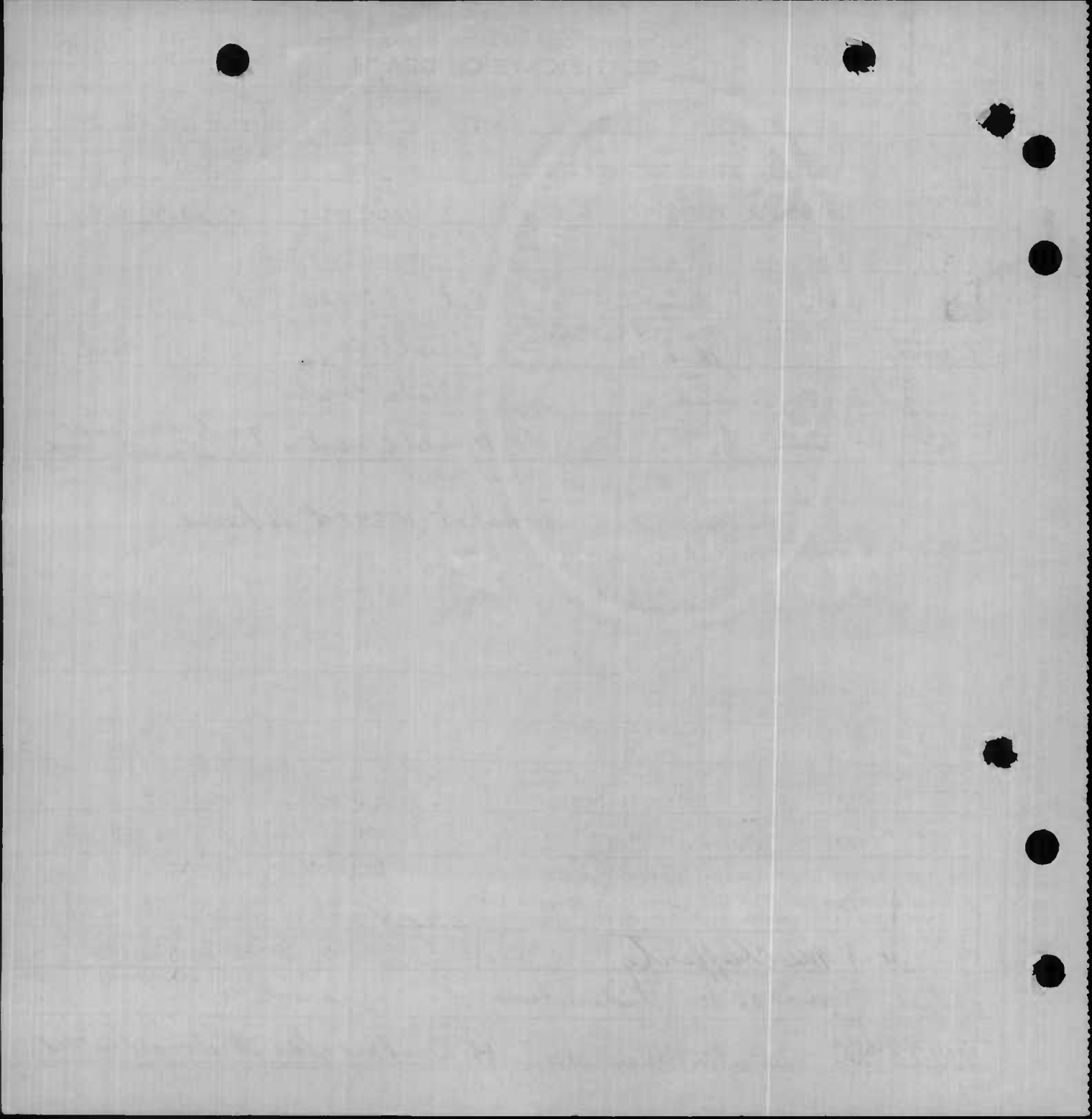
ADDRESS

VS 151

N-853.4

98821

184



M-600
50 4637

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4637

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) SARAH VIRGINIA MEYER			2. DATE OF DEATH May 21, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3905 Foster Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 3905 Foster Avenue		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 3, 1888	9. AGE (In years last birthday) 61 62	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Wm. S. Pugh			14. MOTHER'S MAIDEN NAME Martha J. Kelly		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT George W. Meyer		

18. 174 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of uterus		INTERVAL BETWEEN ONSET AND DEATH 3 yrs. +
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) ... (C) ...		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 18, 1950** to **May 21, 1950**, that I last saw the deceased alive on **May 20, 1950**, and that death occurred at **7:30 A. M.**, from the causes and on the date stated above.

23A. SIGNATURE Geo. D. Lipp	23B. ADDRESS 426 S. Patterson Park	23C. DATE SIGNED 5/22/50
---------------------------------------	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 5/24/50	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
--	-----------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR MAY 23 1950	REGISTRAR'S SIGNATURE Thurston Williams, M.D.	25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.	ADDRESS BALTIMORE 13, MD.
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VS 150

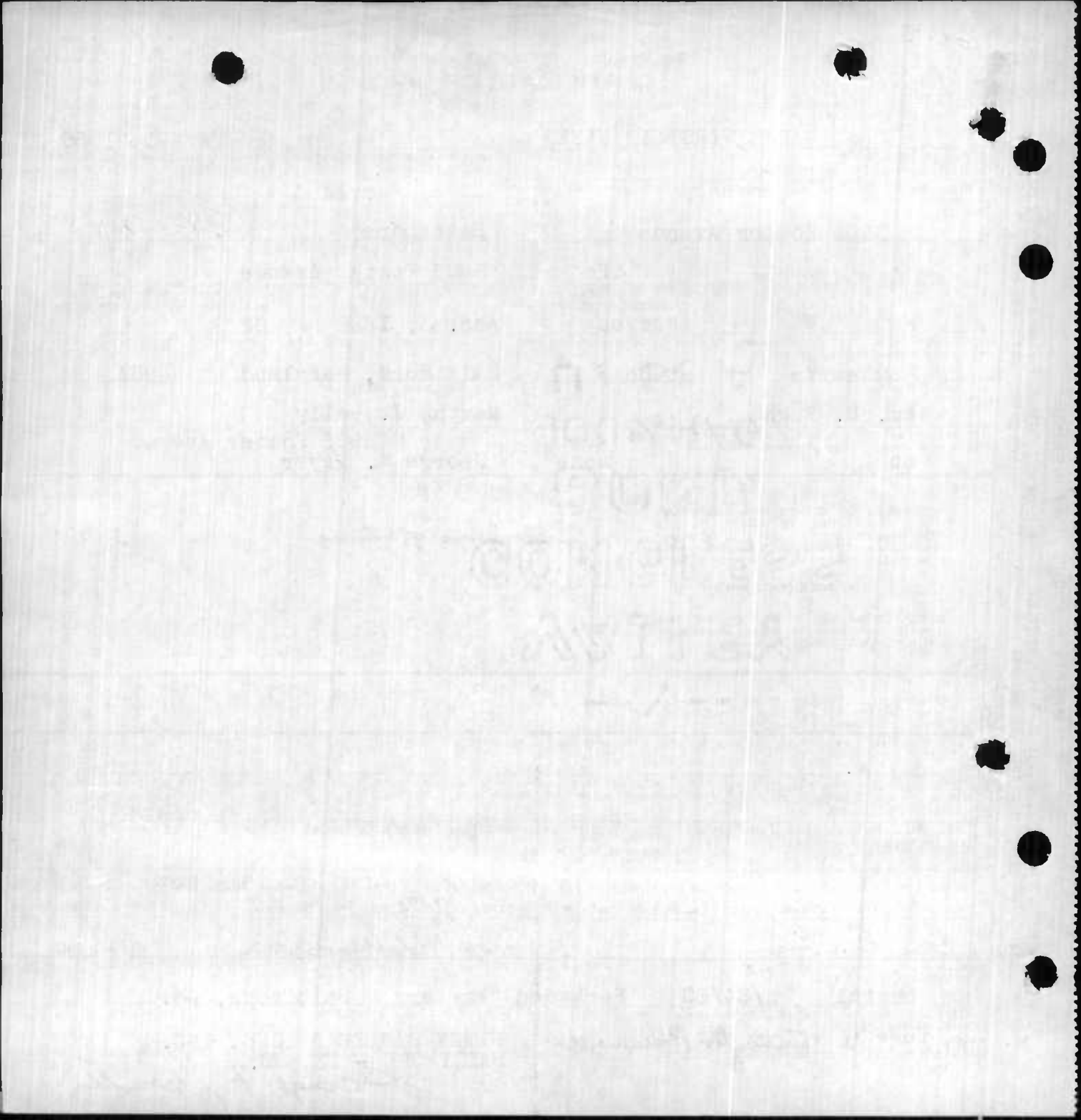
BA

48 B

George F. Sander

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



P-4 320
50 4638BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4638

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIE PITTS

2. DATE
OF
DEATH

20 May 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Univ. Hospitals
Green & Redwood St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1204 W. Mosher St

c. Length of stay in Baltimore

10yrs

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

6/26/1907

9. AGE (In years
last birthday)

42

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Hod Carrier

10B. KIND OF BUSINESS OR
INDUSTRY

McLean Contract

11. BIRTHPLACE (State or foreign country)

Arkansas

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Lincoln Pitts

14. MOTHER'S MAIDEN NAME

Irene

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

216-03-7744

17. INFORMANT

ADDRESS

Fronia Pitts (W) 1204 W. Mosher St.

18.

442X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Dissecting aneurysm - rupture 2 minutes
into pericardium and
cardiac tamponade

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive cardio-
vascular renal disease

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-5, 1950, to 5-20, 1950, that I last saw the
deceased alive on 20 May, 1950, and that death occurred at 11:30 Am., from the causes and on the date stated above.

23A. SIGNATURE

Gerald A. Martin

M. D.

23B. ADDRESS

University Hosp

23C. DATE SIGNED

20 May 1950

24. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5/25/50

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Balt Ma

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 23 1950

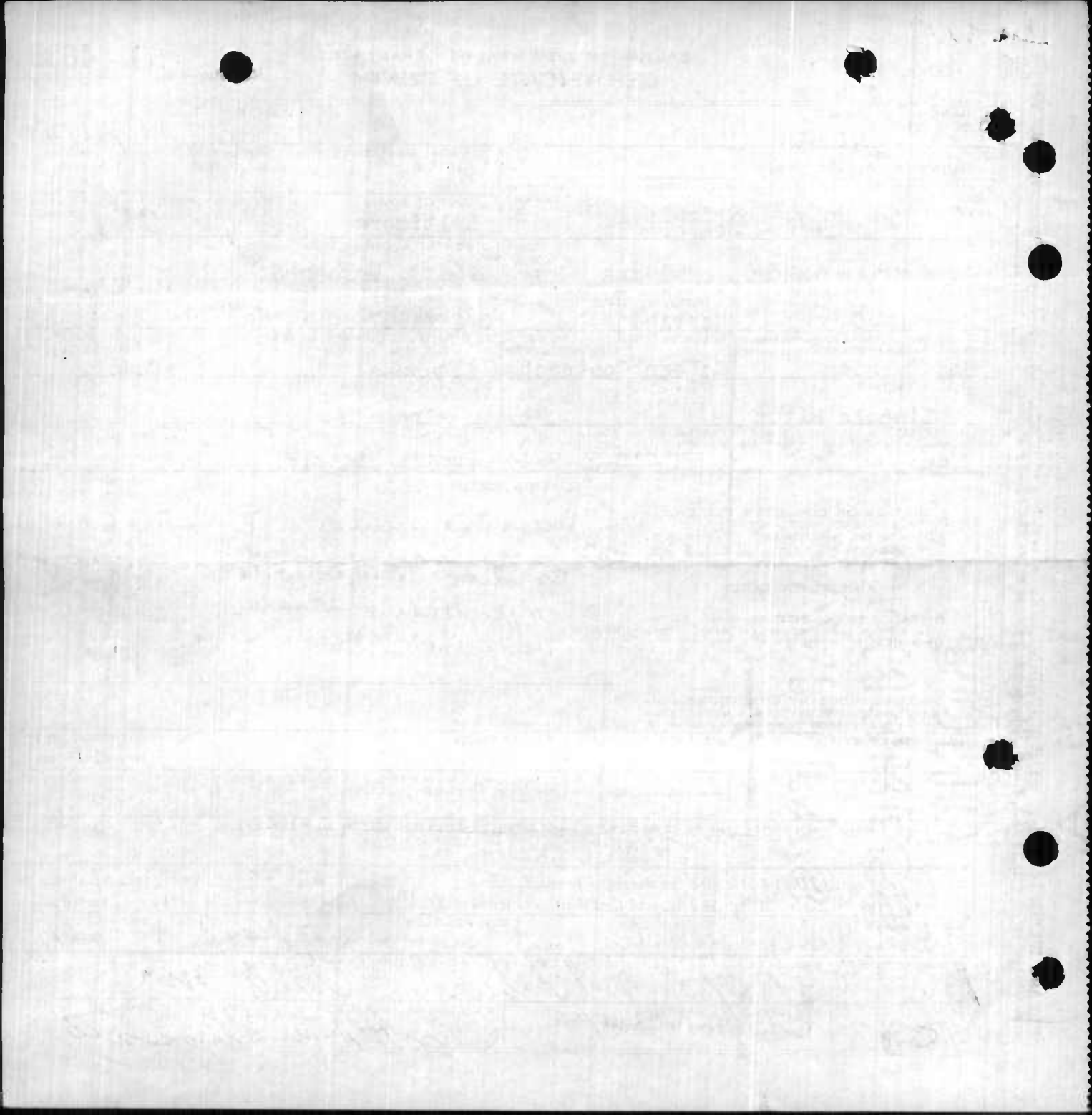
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Chas. Harper Carver, Jr.

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4639

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thaddeus S. Bair

2. DATE
OF
DEATH

May 23, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3113 Clifton Ave.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3113 Clifton Ave.,

c. Length of stay in Baltimore

10-- Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9/21/1859

9. AGE (In years last birthday)

90

If Under 1 Year If Under 24 Hours
Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Concrete Contractor

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Benjamin Bair

14. MOTHER'S MAIDEN NAME

Eliza Woodmansee

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
none

17. INFORMANT ADDRESS
Mrs. Raymond S. Holder 3113 Clifton A

18. **420.0**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

Anteriosclerotic heart disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

2 mo.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3/19/1942** to **5/23/1950** that I last saw the deceased alive on **5/22/1950** and that death occurred at **12:45** m., from the causes and on the date stated above.

23A. SIGNATURE

Robert A. Reiter

23B. ADDRESS

3408 Windsor Ave.

23C. DATE SIGNED

5/23/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-25-50

24C. NAME OF CEMETERY OR CREMATORY

Rolling Green

24D. LOCATION (City, town, or county)

Camp Hill,

Pa.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

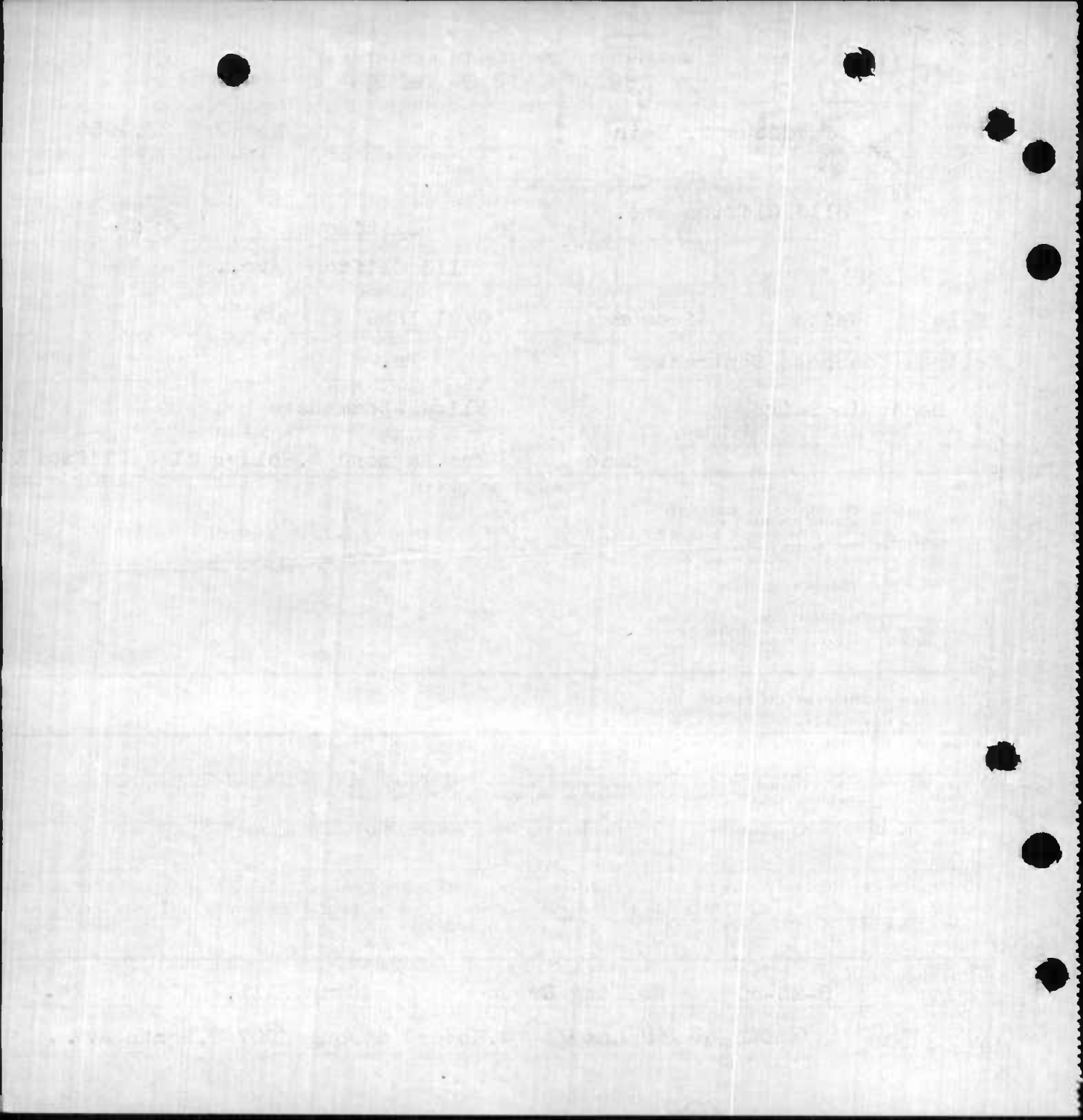
G. Howard Strong 3207 W. North Ave.,

VS 150

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly and legibly. Physicians: please write the causes of death clearly and legibly. correct age is especially important.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4640

Registered No. _____

BIRTH NO.

NAME OF DECEASED
(Type or Print)

HATTIE E. CARNAN

2. DATE
OF
DEATH

May 22, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3502 Clifton Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

3602 Chesholm Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

May 15, 1866

9. AGE (In years
last birthday)

84

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

Never Worked

11. BIRTHPLACE (State or foreign country)

Portsmouth, Va.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

James Patten

14. MOTHER'S MAIDEN NAME

Betty House

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
None

17. INFORMANT

ADDRESS

Miss Nellie B. Carnan 3602 Chesholm Rd.

18.

4221

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TOMyocardial Insufficiency
ArteriosclerosisINTERVAL BETWEEN
ONSET AND DEATH

2 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 1950, to May 22, 1950, that I last saw the
deceased alive on May 22, 1950, and that death occurred at 10 A. m., from the causes and on the date stated above.

23A. SIGNATURE

L. L. L. L.

23B. ADDRESS

2322 E. E. L. L.

23C. DATE SIGNED

5-23-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/25/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Pk. Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 23 1950

REGISTRAR'S SIGNATURE

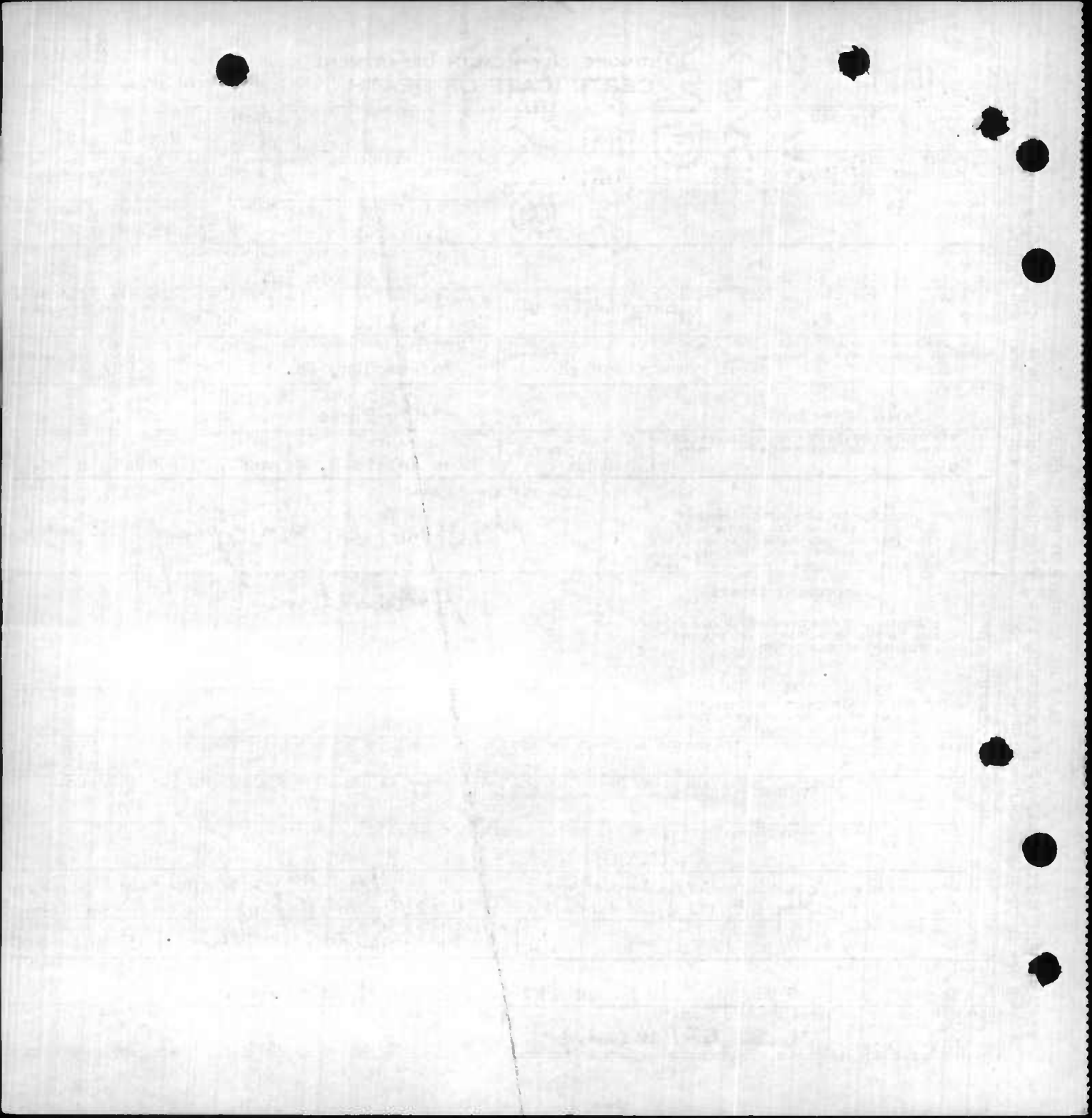
L. L. L. L.

25. FUNERAL DIRECTOR

Wm. J. L. L.

ADDRESS

L. L. L. L.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4641
Registered No. 50 4641

BIRTH NO.

NAME OF DECEASED
(Type or Print)

WILHELMINA J. SHEPPARD

DATE OF DEATH

May 22, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2903 Keyworth Ave.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2903 Keyworth Ave.

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Dec. 10, 1891

9. AGE (In years last birthday)

58

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Home

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles Peterson

14. MOTHER'S MAIDEN NAME

Sophie Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

None

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs. Ruth Council 2903 Keyworth Ave.

18. 443X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage
Recurrent

2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertension Heart Disease

5 yrs.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE OLD INJURY OCCURRED (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 6, 1946 to May 22, 1950, that I last saw the deceased alive on May 21, 1950, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Earl L. Chambers

23B. ADDRESS

4108 Liberty Hts. Ave.

23C. DATE SIGNED

5/23/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-25-50

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county) (State)

Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 23 1950

REGISTRAR'S SIGNATURE

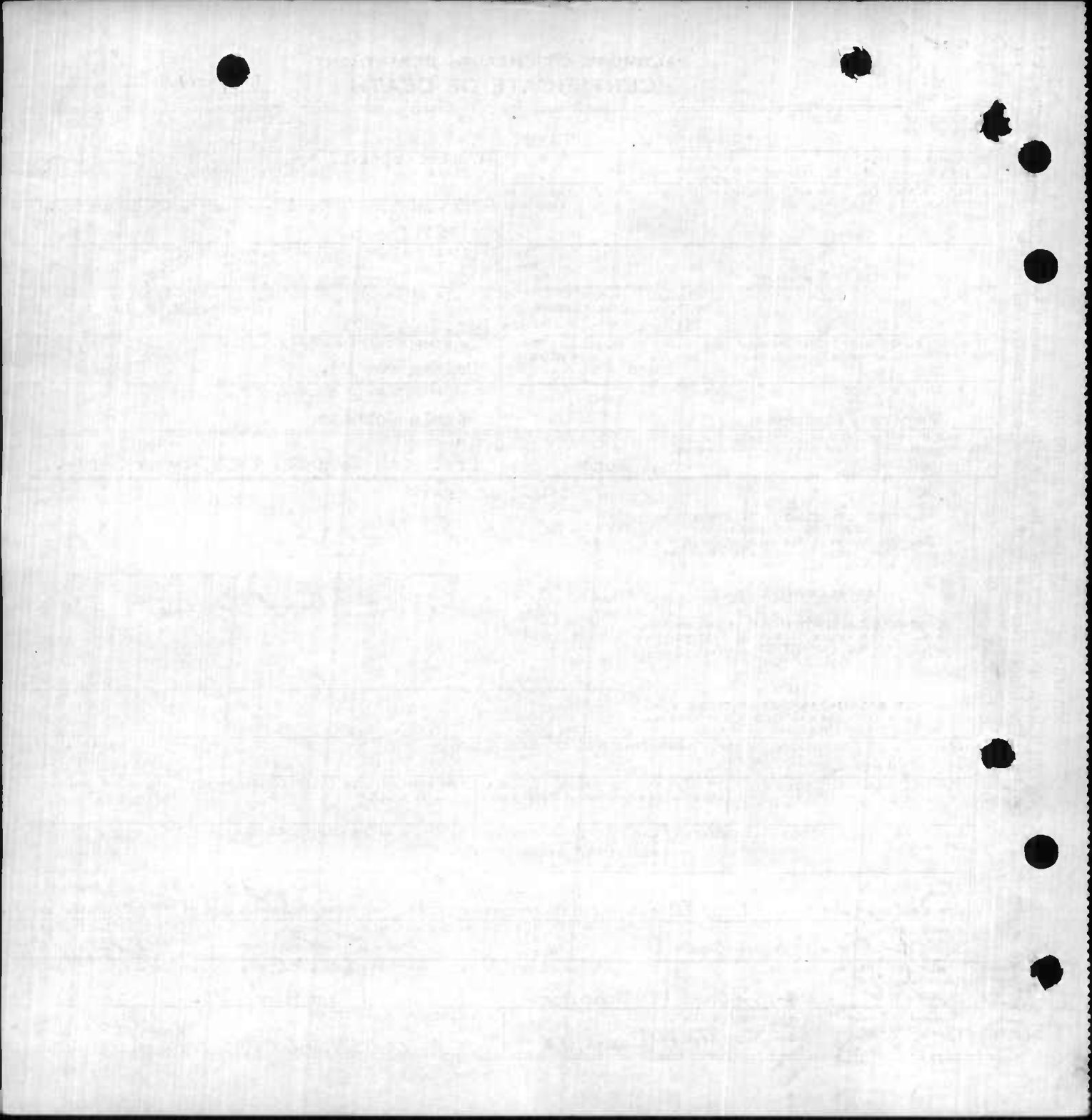
Thurston Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Tiekner & Sons, Inc.

ADDRESS

4300 N. Balto. Md.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4642
Registered No.

BIRTH NO.

ORRIN

1. NAME OF DECEASED
(Type or Print)

John O. Herrmann

2. DATE OF DEATH
MAY 23 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland *JOHNS HOPKINS HOSPITAL*

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE *Md*
B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
2812 Overland Ave

D. STREET ADDRESS (If rural, give location)
Baltimore 27-02

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Retired Chemist

Whiskey Distillery

San Francisco, Calif

USA

13. FATHER'S NAME

John Herrmann

14. MOTHER'S MAIDEN NAME

Nanie Eliza Lamb

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

No

?

JOHNS HOPKINS HOSPITAL

18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Myocardial Infarct*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5-16-*, 19*50*, to *5-23*, 19*50*, that I last saw the deceased alive on *5-22*, 19*50*, and that death occurred at *m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Charles L. Ransom

M. D.

JOHNS HOPKINS HOSPITAL

5-23-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

5-26-50

Druid Ridge

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

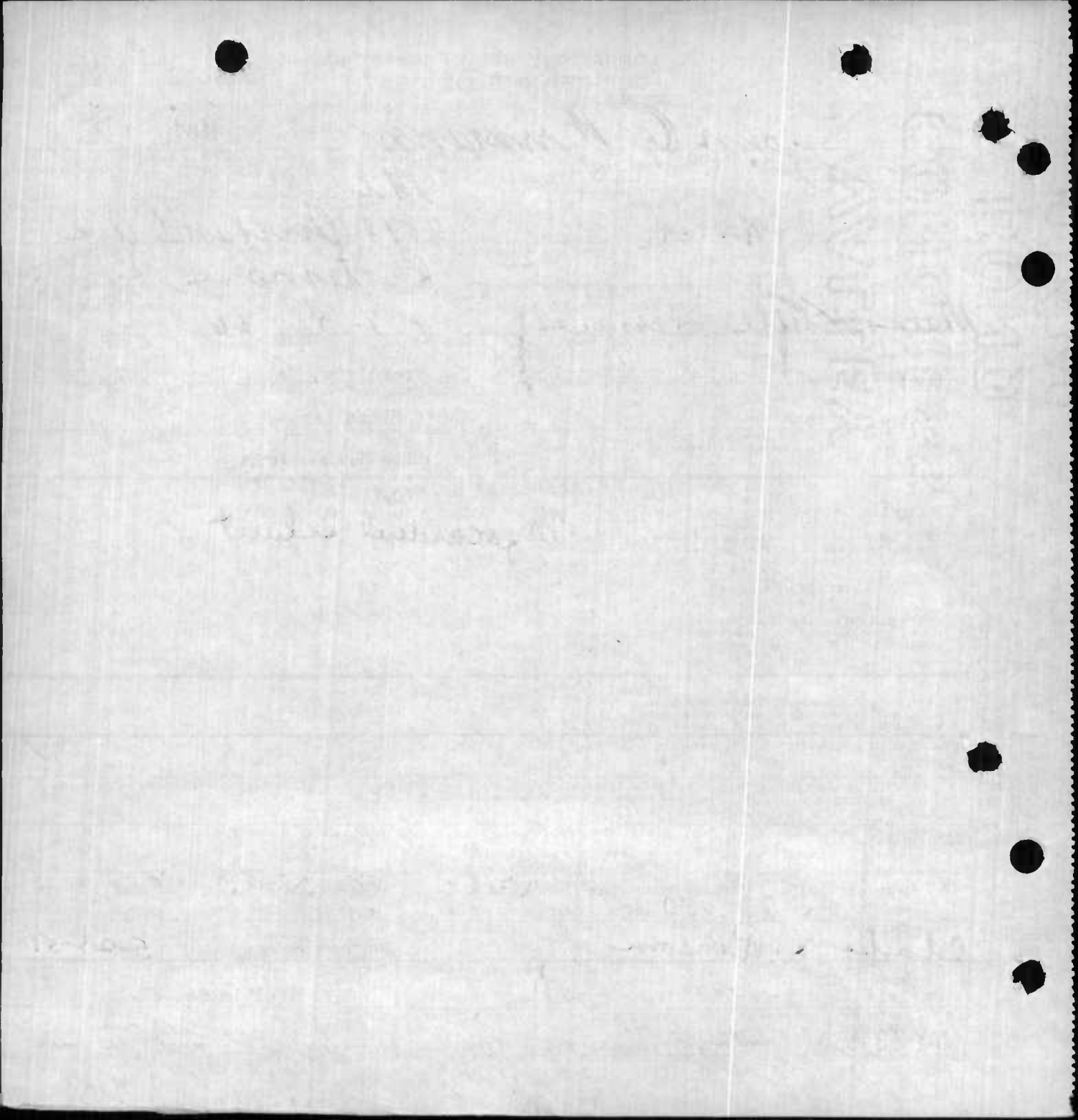
ADDRESS

MAY 23 1950

Wilmington Williams, Md

Wm. J. Tucker & Son Inc

Balto Md north Pa area

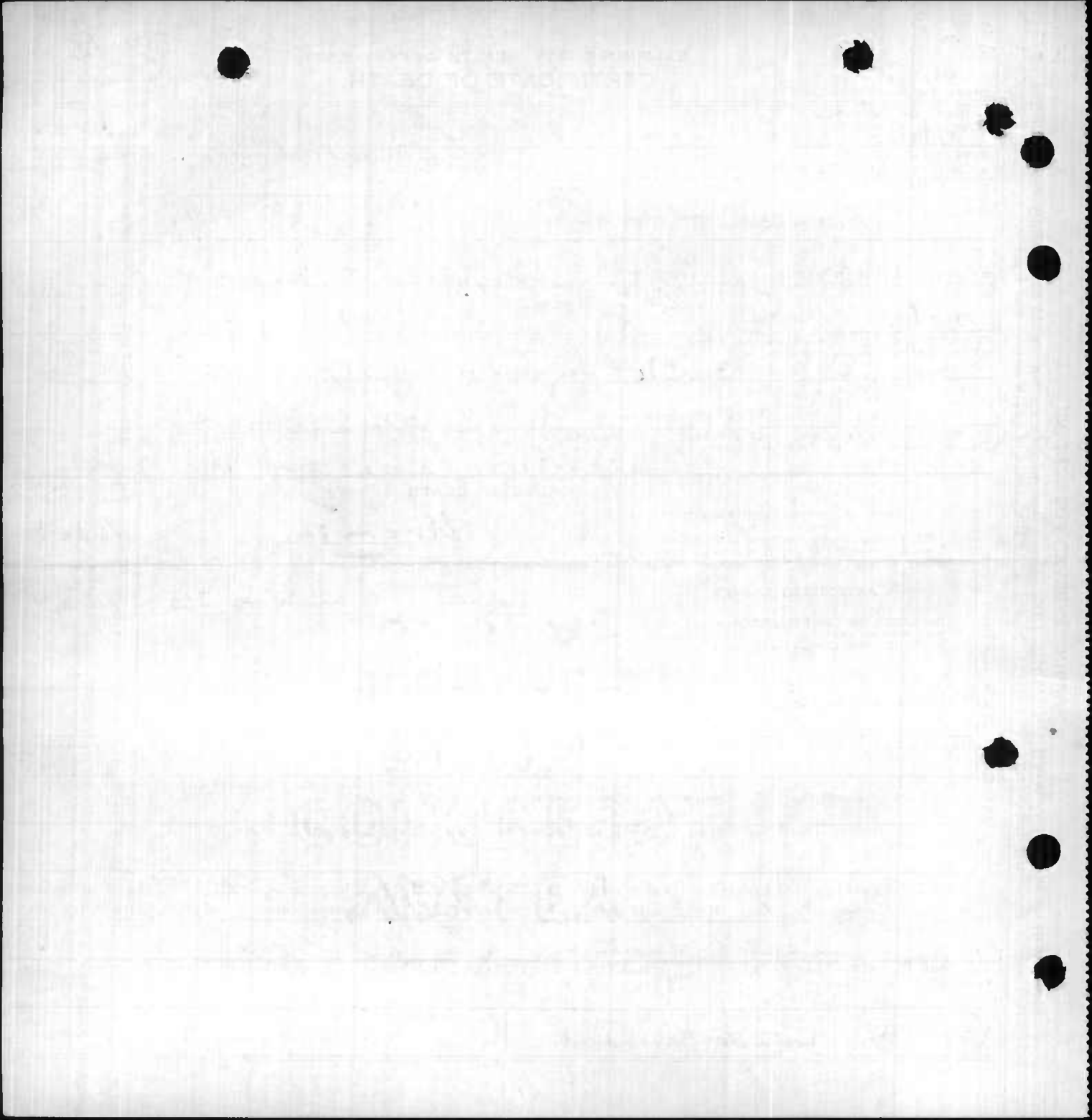


J-520
50 4643JONES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 4643

1. NAME OF DECEASED Type of Print: <u>JAMES Lowell Jones</u>			2. DATE OF DEATH <u>5-24-50</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md</u> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Provident Hosp.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto</u> <u>15-01</u>		
c. Length of stay in Baltimore <u>Life</u>			D. STREET ADDRESS (If rural, give location) <u>1535 N. Belmor St</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>m</u>	8. DATE OF BIRTH <u>4/9/1906</u>	9. AGE (in years last birthday) <u>44</u>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chauffeur</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Barcliff Haywood</u>	11. BIRTHPLACE (State or foreign country) <u>Balto. Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13. FATHER'S NAME <u>John Jones</u>			14. MOTHER'S MAIDEN NAME <u>Cassie Idashins</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>21803-3433</u>	17. INFORMANT ADDRESS <u>Cassie Jones 1535 N. Belmor St</u>		
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Uremia</u> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Chronic glomerulo nephritis</u> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Uremia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>5/8/50</u> , to <u>5/24</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5/24</u> , 19 <u>50</u> , and that death occurred at <u>6:30</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>William C. Leeper</u>		23B. ADDRESS <u>Provident Hosp.</u>		23C. DATE SIGNED <u>5/22/50</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>5/24/50</u>		24C. NAME OF CEMETERY OR CREMATORY <u>mt Calvary</u>	
24D. LOCATION (City, town, or county) (State) <u>md</u>		25. FUNERAL DIRECTOR <u>Geo. H. Nelson</u>		ADDRESS <u>1303 Presat</u>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4644
Registered No.1. NAME OF DECEASED
(Type or Print)

Thomas Charles Scott

2. DATE
OF
DEATH 5-21-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1435 Holbrook Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland City

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City

D. STREET ADDRESS (If rural, give location)

1435 Holbrook Street

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9-4-1887

9. AGE (In years last birthday)

62

If Under 1 Year If Under 24 Hours

Months Days Hours Min.

8 17

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Plumber

10B. KIND OF BUSINESS OR INDUSTRY

Plumbing

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL SECURITY NO.
212-03-8539

17. INFORMANT

ADDRESS

Mrs. Carrie A. Scott- 1435 Holbrook St.

18. 162x

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

CAUSE OF DEATH

Bronchiogenic carcinoma of left lung

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

5 mos

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Hypertension
Chr. myocarditis with cong. failure 2 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1948, to 21 May, 1950, that I last saw the deceased alive on 20 May, 1950, and that death occurred at 9:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Samuel Lilienfeld, D.

23B. ADDRESS

714 E. Preston St.

23C. DATE SIGNED

22 May 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-24-50

24C. NAME OF CEMETERY OR CREMATORY

Most Holy Redeemer

24D. LOCATION (City, town, or county) (State)

Belair Rd. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

George J. Ruth, Inc. - 1735 Harford Avenue

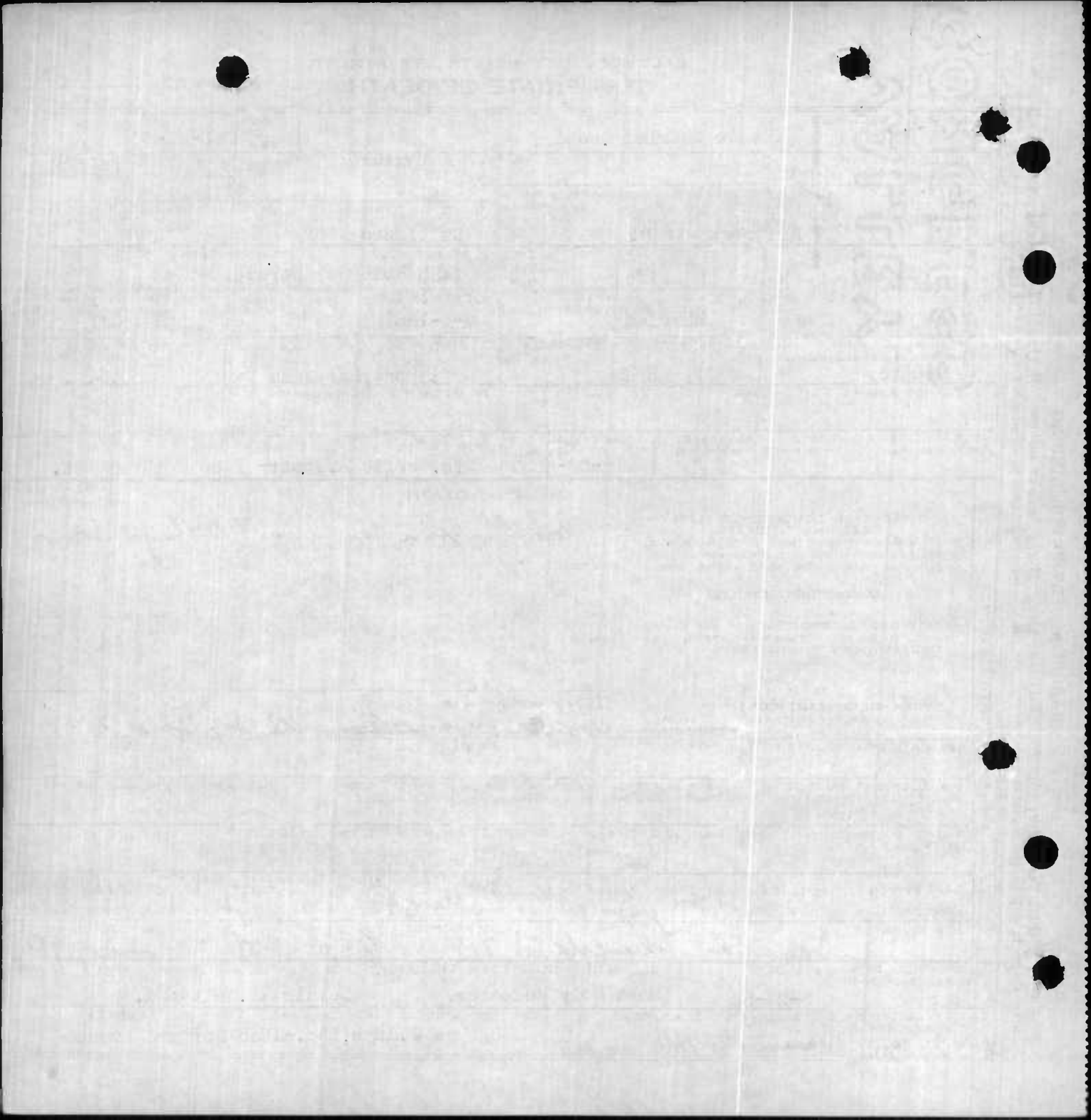
MAY 23 1950

VS 150

348V9

47c

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4645
Registered No. 50-4645

BIRTH NO. 520

NAME OF DECEASED
(Type or Print)

Mary A. F. Emich

2. DATE
OF
DEATH

May 20, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

5511 Gwynn Oak Ave.

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5511 Gwynn Oak Ave.

c. Length of stay in Baltimore

40 yrs.

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 3, 1871

9. AGE (In years

last birthday)

78

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Stewartstown, Pa.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles Emich

14. MOTHER'S MAIDEN NAME

Annie Fulton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Sue R. Small-5511 Gwynn Oak Ave.

1B.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Chronic nephritis

4 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic cardiovascular
disease

6 yrs.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Senility

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-10-1936 to 5-20-1950 that I last saw the
deceased alive on 5-20-1950 and that death occurred at 6:20 PM, from the causes and on the date stated above.

23A. SIGNATURE

Joshua H. Armacost

M. D.

23B. ADDRESS

6419 Windsor Mill Rd.

23C. DATE SIGNED

5-21-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-23-50

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

5-23-50

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Ellsworth Armacost-5118 Gwynn Oak

ADDRESS

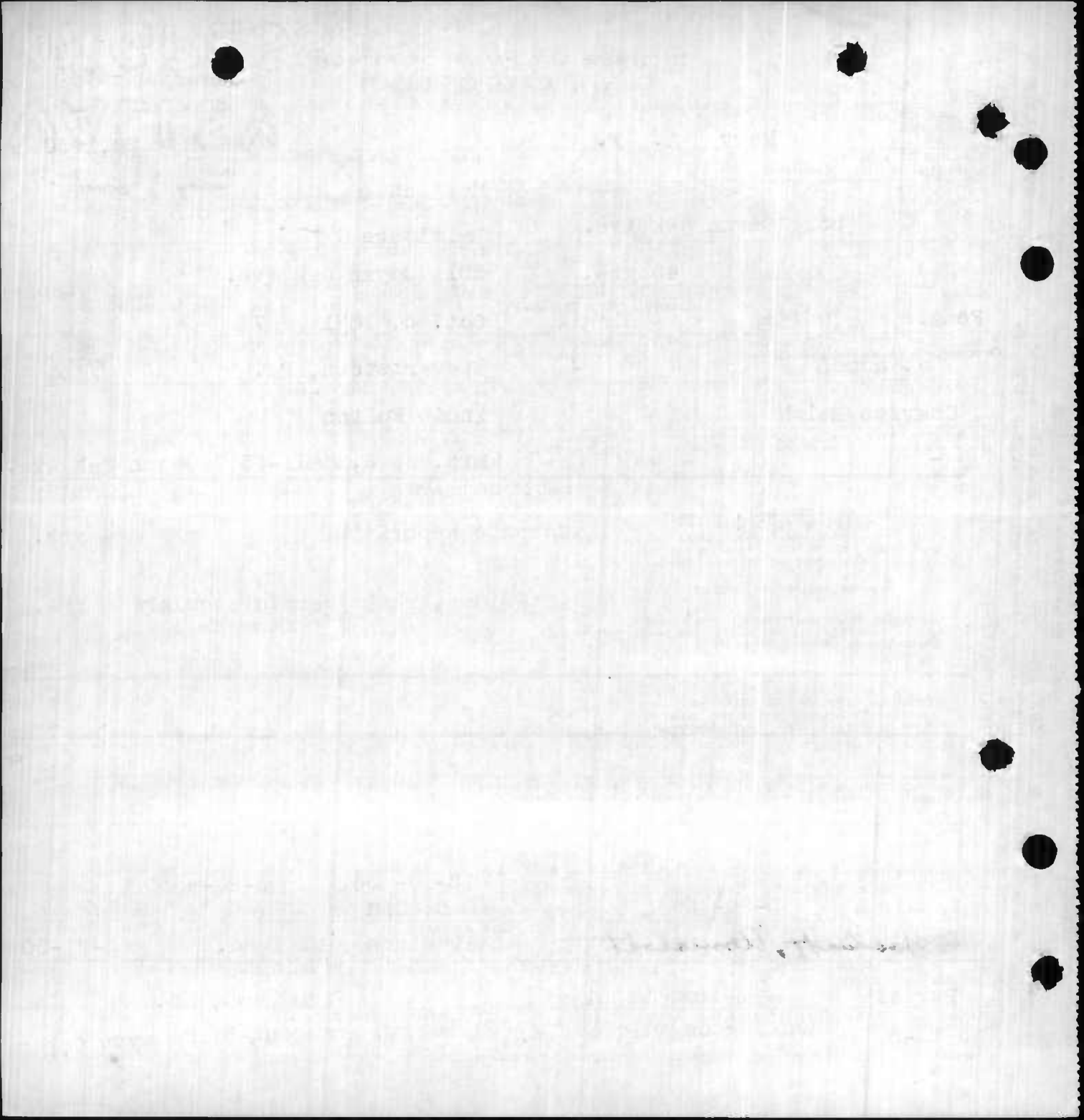
Ave.

VS 150

1312

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4646
Registered No. _____

BIRTH NO. _____

NAME OF DECEASED
(Type or Print)

ROBERT GURNEY

2. DATE
OF
DEATH

May 22, 1950.

3. PLACE OF DEATH:

A. Baltimore City, Maryland **520 S. Oldham St.**

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.**
B. COUNTY _____

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore **26-07**

D. STREET ADDRESS (If rural, give location)
520 S. Oldham St.

c. Length of stay in Baltimore

5. SEX
Male

6. COLOR OR RACE
White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
October 21, 1886

9. AGE (In years last birthday)
63

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired

10B. KIND OF BUSINESS OR INDUSTRY
Restaurant-Owner.

11. BIRTHPLACE (State or foreign country)
Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Raymond Gurney

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
None

17. INFORMANT ADDRESS
Margaret Gurney : 520 S. Oldham St.

18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral accident**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Hypertensive Cardio Vascular Disease**

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **January 15, 1950**, to **May 22, 1950**, that I last saw the deceased alive on **May 22, 1950**, and that death occurred at **11:50 A.M.** from the causes and on the date stated above.

23A. SIGNATURE

E.A. Edmington Jr.

M. D.

23B. ADDRESS

3501 Fair Ave

23C. DATE SIGNED

5-23-50

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

May 25-1950

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county) (State)

7225 Eastern Ave Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 23 1950

REGISTRAR'S SIGNATURE

Franklin Williams, M.D.

25. FUNERAL DIRECTOR

Charles J. Filer

ADDRESS

901 S. Conkling St.

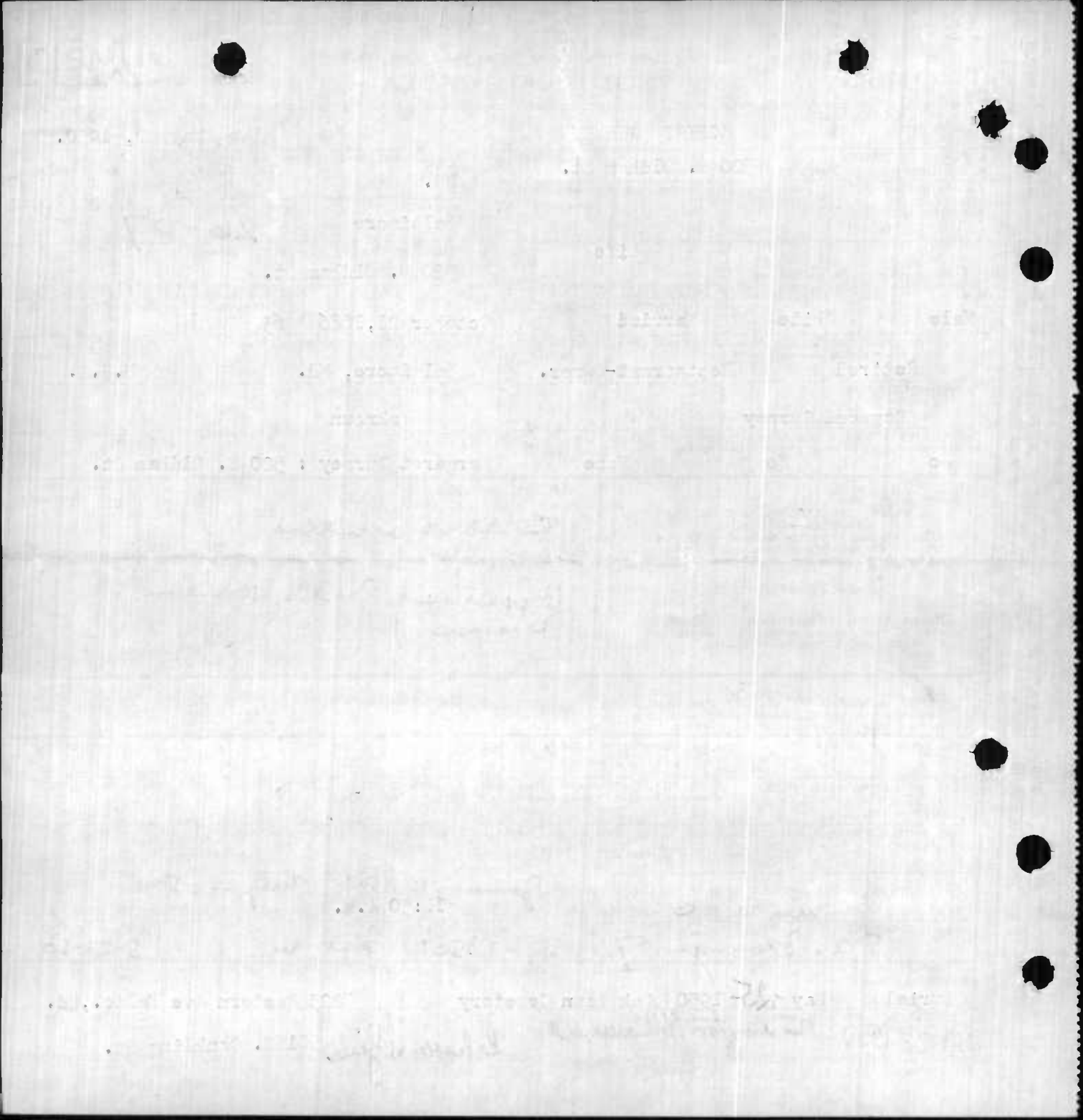
VS 150

15671

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4647
Registered No.

1. NAME OF DECEASED (Type or Print) GEORGE F. McCauley		2. DATE OF DEATH 5-21-50	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1438 BATTERY AV.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION DO		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 24-03	
c. Length of stay in Baltimore Lyr. Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1438 BATTERY AV.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH 6-23-1882
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Checker		10B. KIND OF BUSINESS OR INDUSTRY JACKA CORP.	9. AGE (In years last birthday) 67
13. FATHER'S NAME Patrick		11. BIRTHPLACE (State or foreign country) BALTIMORE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME MARGARET McBITTIGHAN	
17. INFORMANT Family - SAME		ADDRESS	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Central Apoplexy.		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis, Hypertension & Myocarditis			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 10, 1950 to May 21, 1950 , that I last saw the deceased alive on May 20, 1950 , and that death occurred at 6:58 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE Shue G. Schenck		23B. ADDRESS 1337 S. Charles St.	
23C. DATE SIGNED 5/23/50			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 5-25-50	
24C. NAME OF CEMETERY OR CREMATORY Holy Cross		24D. LOCATION (City, town, or county) (State) BALTO.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 23 1950		REGISTRAR'S SIGNATURE Wilmington Williams, M.D.	
25. FUNERAL DIRECTOR James L. de C...		ADDRESS	

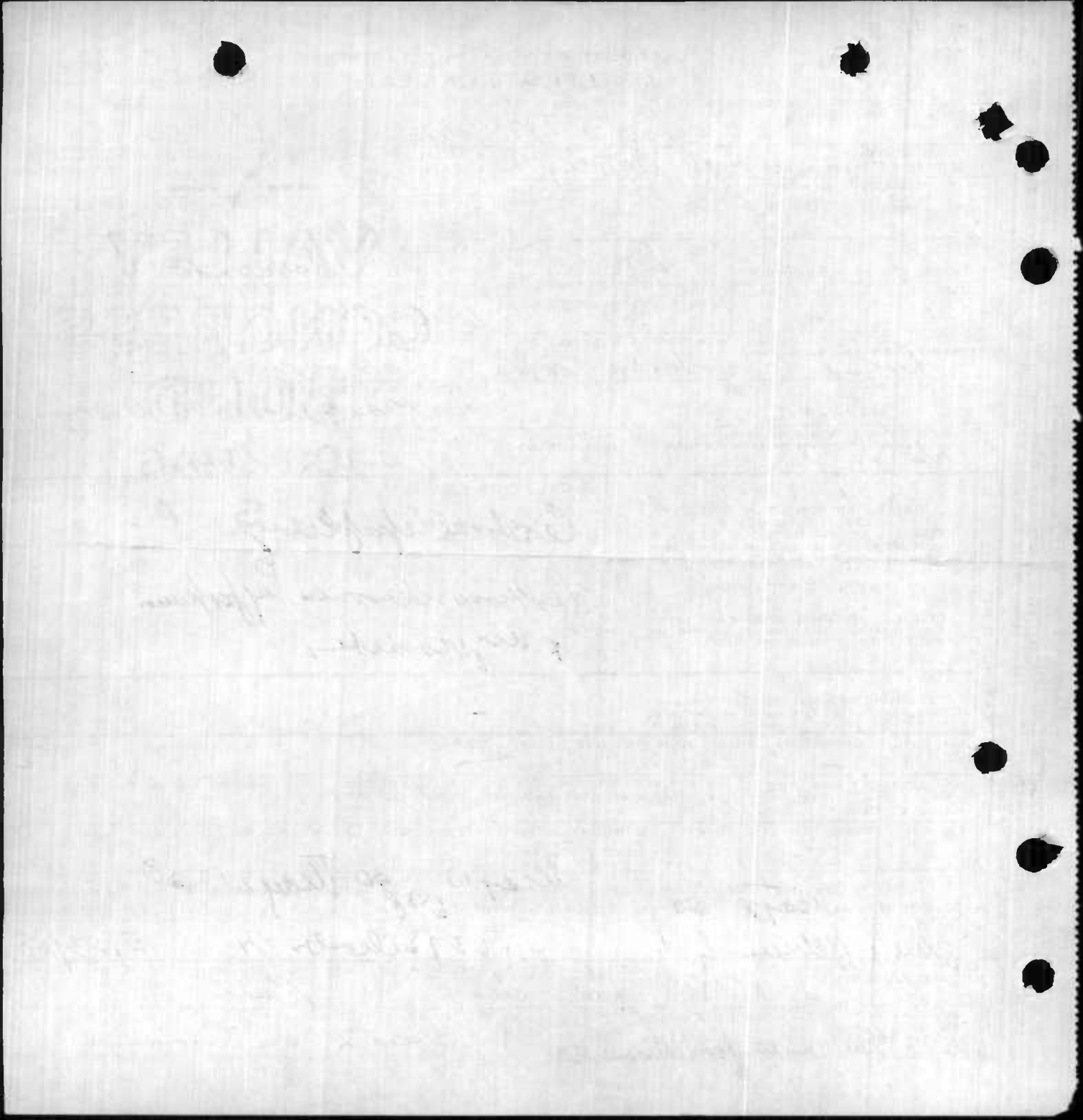
VS 150

26651

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4648
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY FAITH

2. DATE
OF
DEATH

5/21/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

37 Mercy Hosp

C. Length of stay in Baltimore

life

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE

maryland Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balt, Md 24-04

D. STREET ADDRESS (If rural, give location)

1530 Jackson St

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housew.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Joseph Jones

14. MOTHER'S MAIDEN NAME

Mary Reilly

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 156-170X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) hepato renal insufficiency

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) metastatic carcinoma of liver

DUE TO

(C) carcinoma of right breast

INTERVAL BETWEEN ONSET AND DEATH

over

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

5/13/50

19B. MAJOR FINDINGS OF OPERATION

metastatic carcinoma of liver

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 5/13, 1950, to 5/21, 1950, that I last saw the deceased alive on 5/21, 1950, and that death occurred at 9:15 Am., from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. L. H. Jones

23B. ADDRESS

Mary Hosp

23C. DATE SIGNED

5/21/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

B.

24B. DATE

5-24-50

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 23 1950

REGISTRAR'S SIGNATURE

Dr. J. L. H. Jones

25. FUNERAL DIRECTOR

James L. H. Jones

ADDRESS

Letter in document file 50-4648- 6/26/50.

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **50 4649**

 BIRTH NO. **50 4649**

 1. NAME OF DECEASED
(Type or Print)

JAMES CHARLES LACEY

 2. DATE
OF DEATH

5-21-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

 4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MD.
Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Catonsville Junction

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

Baltimore 28 5200.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

March 20, 1867

9. AGE (In years last birthday)

83

If Under 1 Year Months Days Hours Min.

83

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Patrick Lacey

14. MOTHER'S MAIDEN NAME

Mary King

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Lame

ADDRESS

 18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

 (A) **Arteriosclerotic coronary thrombosis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

 (B) **Generalized arteriosclerosis**

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

 (C) **Dry gangrene rt lower leg.**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

 WHILE AT WORK ☐ NOT WHILE AT WORK ☐

 22. I hereby certify that I attended the deceased from **April 11, 1950**, to **May 21, 1950**, that I last saw the deceased alive on **May 21, 1950**, and that death occurred at **8:20 P.M.**, from the causes and on the date stated above.

22A. SIGNATURE

John A. Farrell Jr.

22B. ADDRESS

Union Memorial

22C. DATE SIGNED

5-21-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial
5/25/50
I.O.O.F. Cemetery
Western Port Md.

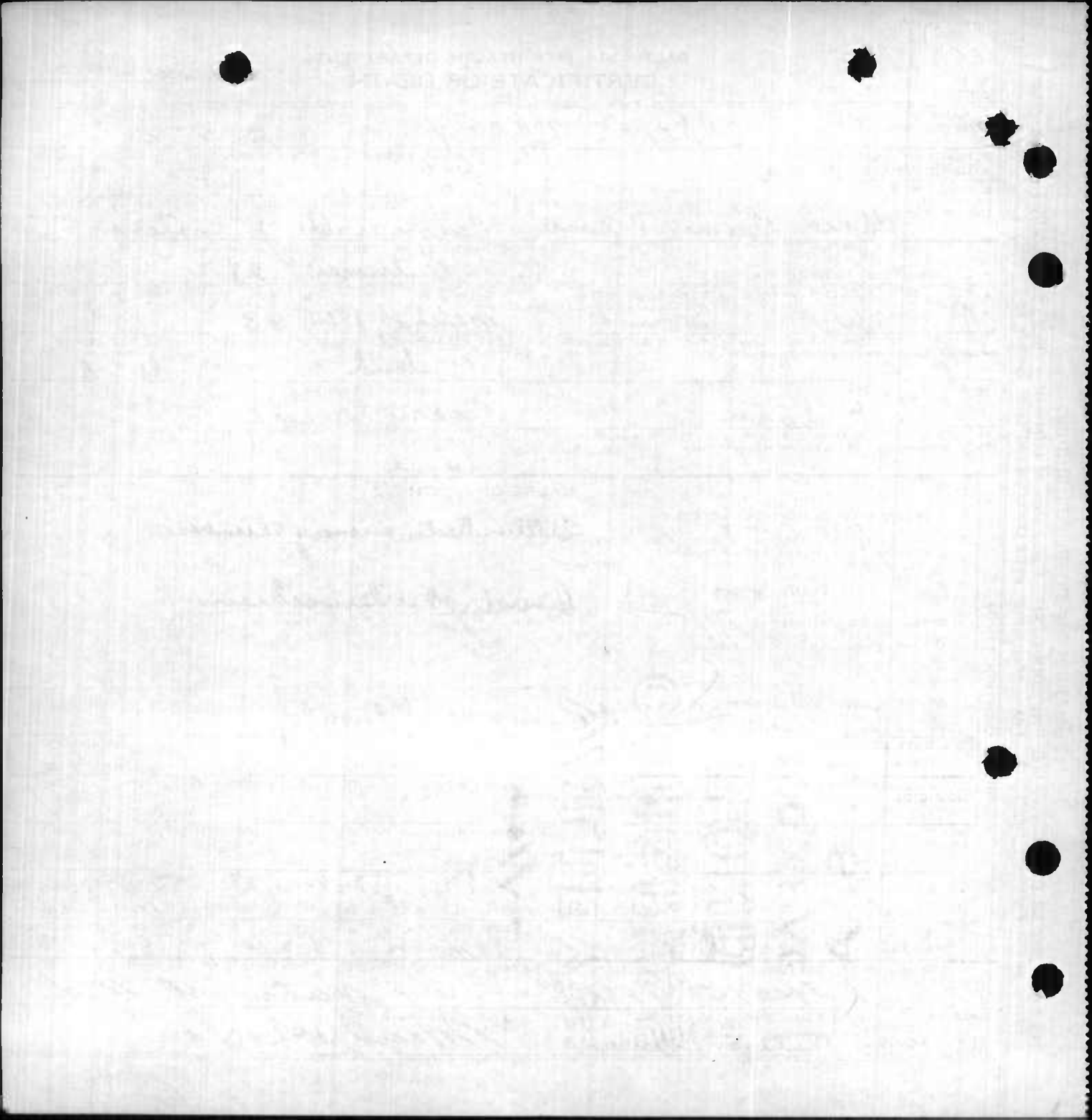
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

May 23 1950
Christington Williams, M.D.
Mac Matheson



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-650
50 4650

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4650
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) **James F. Brown** 2. DATE OF DEATH **5/23/50**

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **37 Mercy Hospital** C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore D. STREET ADDRESS (If rural, give location)
1628 N. Calvert St.

c. Length of stay in Baltimore Yrs. Mos. Days 8. DATE OF BIRTH **Jan. 27, 1879** 9. AGE (In years last birthday) **71** 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

5. SEX **Male** 6. COLOR OR RACE **White** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Married** 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Plasterer, retired** 10B. KIND OF BUSINESS OR INDUSTRY **Plastering** 11. BIRTHPLACE (State or foreign country) **Marion County, S. Carolina** 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **Berry Brown** 14. MOTHER'S MAIDEN NAME **Betty Odom**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **No** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS **Miss Inez E. Brown, 1628 N. Calvert St.**

18. **151X** I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) **Metastatic carcinoma, primary site - stomach** (B) **Carcinoma of stomach** (C) **Myocardial degenerative disease** INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4/21/50**, 19__, to **5/23/50**, 19__, that I last saw the deceased alive on **5/22/50**, 19__, and that death occurred at **5:12 p. m.**, from the causes and on the date stated above.

23A. SIGNATURE **John W. Parnoulla** M. D. 23B. ADDRESS **Marion Hosp.** 23C. DATE SIGNED **5/24/50**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24B. DATE **5/24/50** 24C. NAME OF CEMETERY OR CREMATORY **Brown Family** 24D. LOCATION (City, town, or county) (State) **Marion, S. Carolina**

DATE RECEIVED BY LOCAL REGISTRAR **MAY 24 1950** REGISTRAR'S SIGNATURE **Wilmington Williams, M.D.** 25. FUNERAL DIRECTOR ADDRESS **Bellmore (C.R.) 1217 St Paul St**

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF PUBLIC HEALTH
OFFICE OF THE ASSISTANT SECRETARY FOR PUBLIC HEALTH

REPORT OF THE COMMISSIONER OF PUBLIC HEALTH

FOR THE YEAR 1911

AND

ANNUAL REPORT OF THE COMMISSIONER OF PUBLIC HEALTH

FOR THE YEAR 1912

AND

ANNUAL REPORT OF THE COMMISSIONER OF PUBLIC HEALTH

FOR THE YEAR 1913

AND

ANNUAL REPORT OF THE COMMISSIONER OF PUBLIC HEALTH

FOR THE YEAR 1914

AND

ANNUAL REPORT OF THE COMMISSIONER OF PUBLIC HEALTH

FOR THE YEAR 1915

AND

ANNUAL REPORT OF THE COMMISSIONER OF PUBLIC HEALTH

FOR THE YEAR 1916

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4651
Registered No. _____

BIRTH NO. _____

NAME OF DECEASED
(Type or Print)

SARAH EMMA SPENCE

2. DATE OF DEATH May 23, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
3406 Gough Street.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 26-08

c. Length of stay in Baltimore
Yrs. _____
Mos. _____
Days _____

D. STREET ADDRESS (If rural, give location)
3406 Gough St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widow

8. DATE OF BIRTH

Sept. 28, 1887

9. AGE (In years last birthday)

62

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10B. KIND OF BUSINESS OR INDUSTRY
At Home

11. BIRTHPLACE (State or foreign country)
Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Benjamin F. Baily

14. MOTHER'S MAIDEN NAME

Orpha H. Cook

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mr Raymone Spence, 3508 Gough St.

18. 151 X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)
Adverse - Consumption of Stronach

(A) _____

DUE TO _____

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
Severe secondary cancer

(B) _____

DUE TO _____

(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1948 to 5/23, 1950, that I last saw the deceased alive on 5/21, 1950 and that death occurred at 9:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/26/50

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county) (State)

Baltimore County, Md.

DATE RECEIVED BY LOCAL REGISTRAR

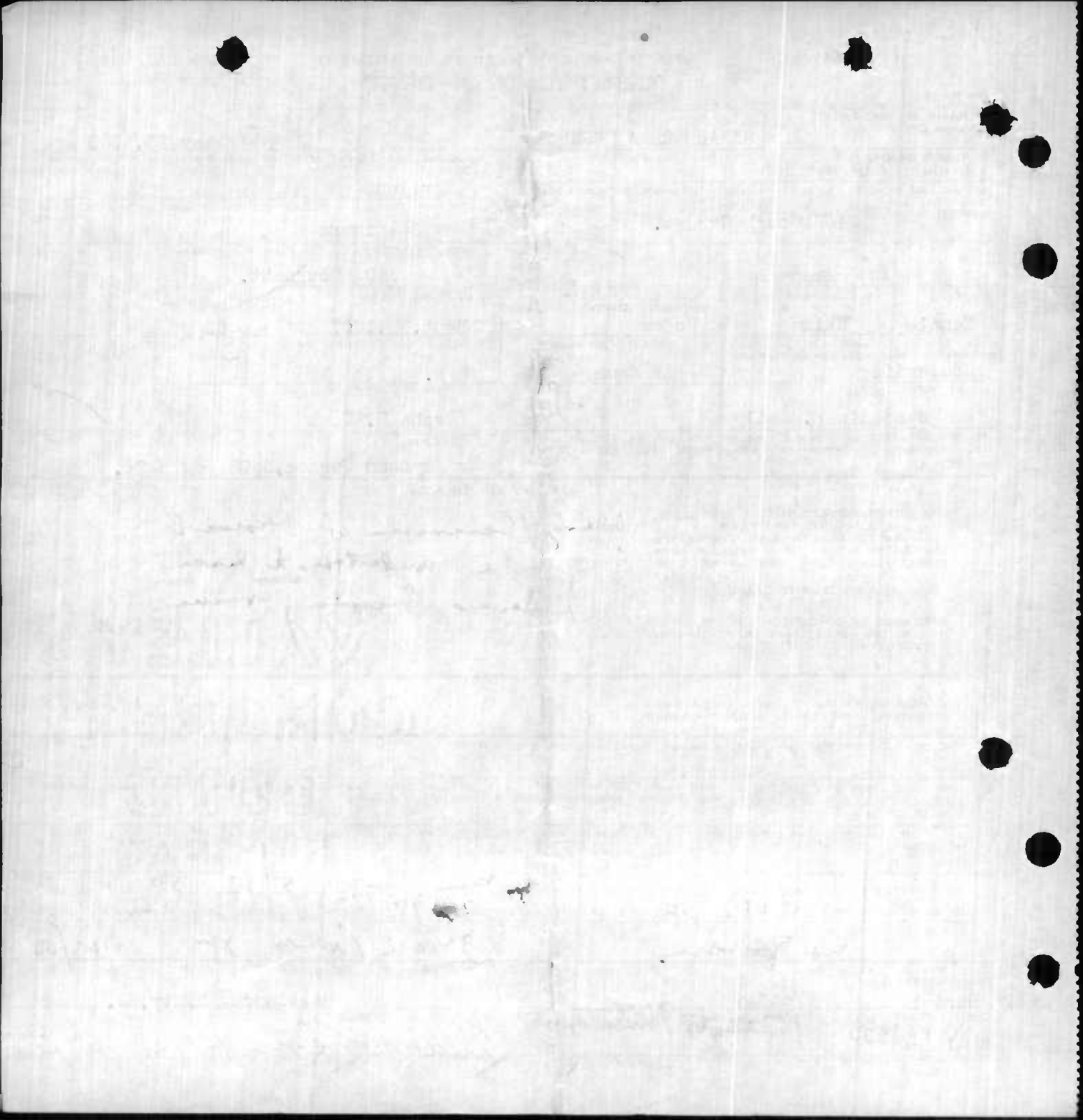
MAY 24 1950

REGISTERED SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wilhelm Cook 1219 St Paul St



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4652

BIRTH NO. 50-10114

NAME OF DECEASED
(Type or Print)

Baby Boy Malott

2. DATE
OF
DEATH

May 23, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

Maryland 15-38

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Hospital For the Women of Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Baltimore 16

e. Length of stay in Baltimore

14 hours

5. SEX

MALE

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 22, 1950

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Newborn

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Robert Eugene Malott

14. MOTHER'S MAIDEN NAME

Laverne Isabel Buell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Laverne Malott 3702 Springdale Ave.

18.

767.5

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Bilateral cleft palate

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Extreme Prematurity

(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from May 22, 1950 to May 23, 1950 that I last saw the
deceased alive on May 23, 1950, and that death occurred at 120 1/2 m., from the causes and on the date stated above.

23A. SIGNATURE

H. Spencer

M.D.

23B. ADDRESS

Hosp. for Women of Md.

23C. DATE SIGNED

May 23, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

JOHN HOPKINS MEDICAL SCHOOL MAY 23 1950

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 24 1950

Huntington Williams, M.D.

Commissioner of Health

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **50 4653**

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Mary Galloway

2. DATE
OF
DEATH

5-21-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hosp

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 11-04

D. STREET ADDRESS (If rural, give location)

1005 Jeffamy Ct

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

Female
Male

Colored

1/20/1874

74

11-04

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Bates Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John H Lee

14. MOTHER'S MAIDEN NAME

Mary E Palmer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Annie Sovell 9124 Edmondson Ave

18. *420.0*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Coronary attack*

Undet

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Arteriosclerosis + arteriosclerotic heart dis.*

Undet

(C) *Ess. hypertension*

Undet

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus

Undet.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *4-29-1950* to *5-21-1950*, that I last saw the deceased alive on *5-21-1950*, and that death occurred at *5:35* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial

5/25/50

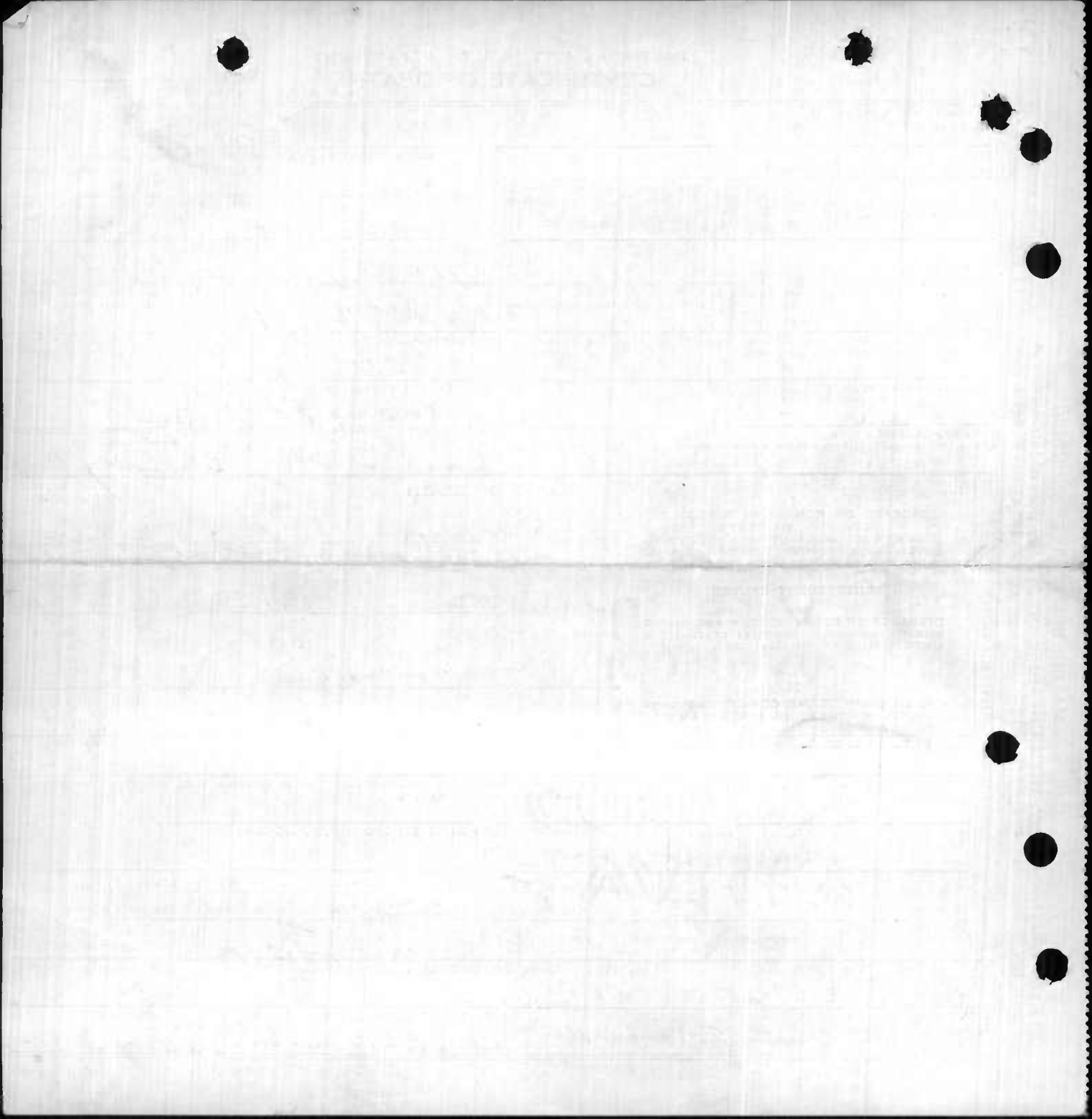
mt Auburn

Bates Md

MAY 24 1950

Huntington Williams, M.D.

Isaac L Brown Son 108W Montgomey St



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4654

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Esther Levin

2. DATE
OF
DEATH

5-21-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

SINAI HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 28-02

c. Length of stay in Baltimore

30

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4200 Maine Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Divorced

8. DATE OF BIRTH

9. AGE (In years last birthday)

68

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Jerusalem

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Rabbi Borah

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Rabbi M. Rabinowitz 1620 N. Pulaski St

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)(A) MULTIPLE EMBOLISM to BRAIN
DUE TO HEART, RT AXILLARY ART.

ANTECEDENT CAUSES

(B) ASHES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) AURICULAR FIBRILLATION

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

AMPUTATION Left Leg

19A. DATE OF OPERATION

5-18-50

19B. MAJOR FINDINGS OF OPERATION

Embolus to Left Femoral Artery

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 5-17, 1950, to 5-21, 1950, that I last saw the deceased alive on 5-21, 1950, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Arnold Kramer M.D.

23B. ADDRESS

Sinai Hosp.

23C. DATE SIGNED

5-21-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-24-50

24C. NAME OF CEMETERY OR CREMATORY

Kehew Mt Carmel

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

MAY 24 1950

REGISTRAR'S SIGNATURE

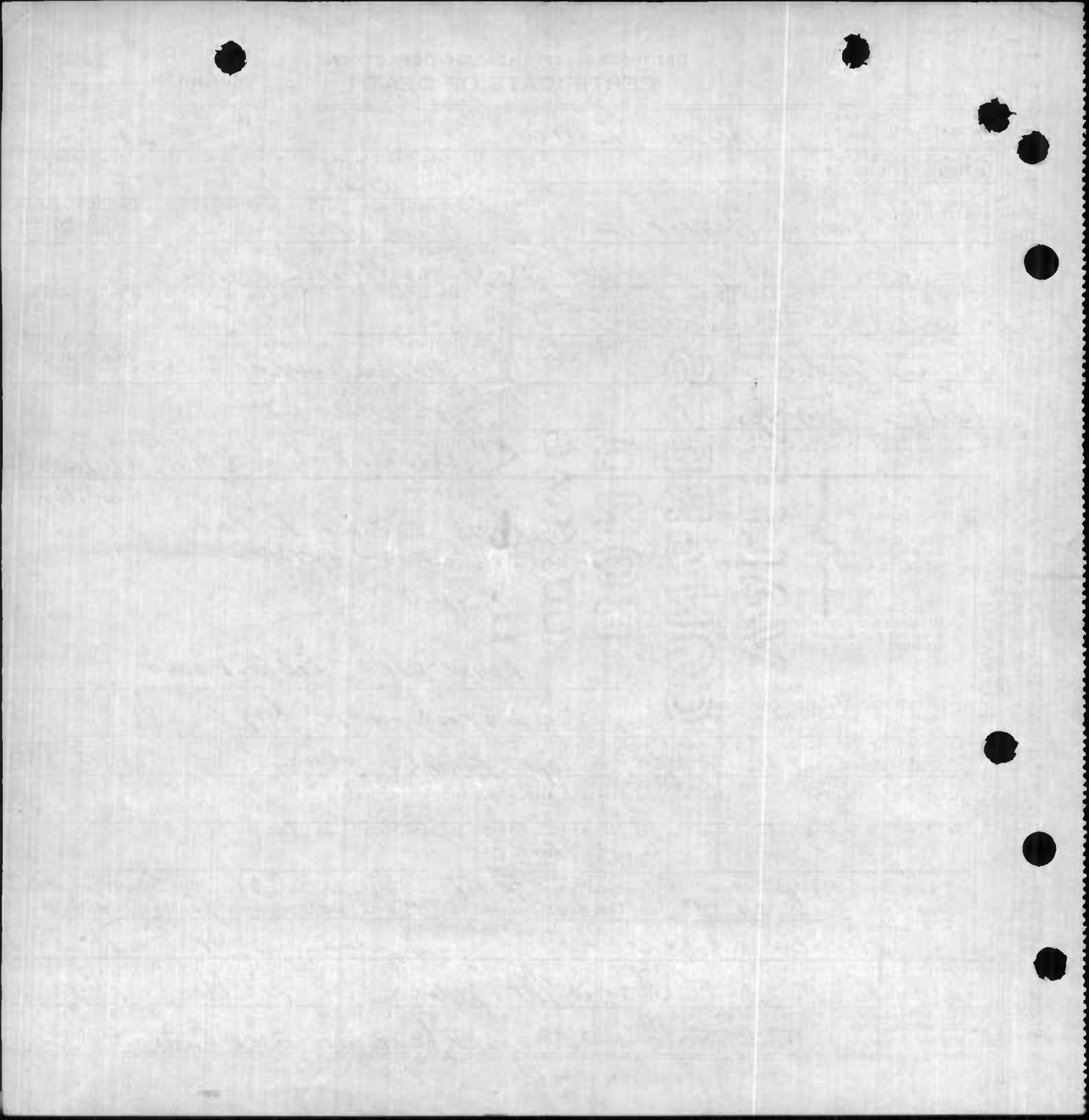
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis, Inc.

ADDRESS

2100 Eastward Rd



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

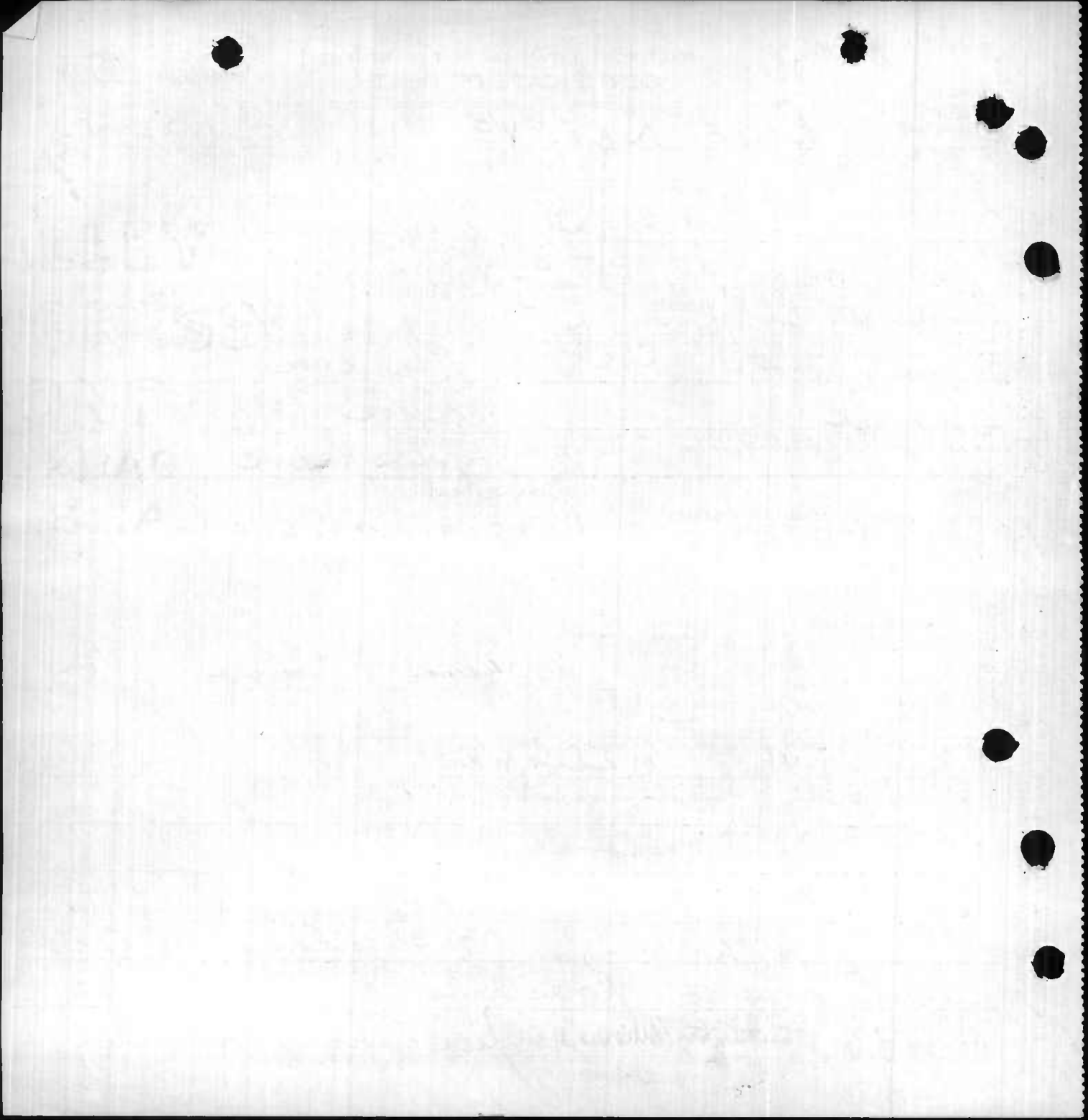
 Registered No. 50 4655

BIRTH NO.		NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		ROSE KREEVE		J-20-50	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>MD</u> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>2038 E. Fayette St</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 6-04</u>		
c. Length of stay in Baltimore <u>35</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>2038 E. Fayette St</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>44</u>		9. AGE (In years, last birthday) <u>44</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Russia</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Israel</u>			14. MOTHER'S MAIDEN NAME <u>Annie</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Hyman Kreeve</u>		ADDRESS <u>same</u>
18. <u>175X I</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Carcinoma of Ovary</u> (A) DUE TO			INTERVAL BETWEEN ONSET AND DEATH <u>1948-1950</u>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO <u>Ephema of Lung</u> (C)			18m		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>Aug. 27-48</u>		19B. MAJOR FINDINGS OF OPERATION <u>malignancy</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1948</u> to <u>5/23/50</u> , that I last saw the deceased alive on <u>5/23</u> , 19 <u>50</u> , and that death occurred at <u>11:44</u> am., from the causes and on the date stated above.					
23A. SIGNATURE <u>Hyman Kreeve</u>		23B. ADDRESS <u>7040 Eutaw</u>		23C. DATE SIGNED <u>5/23/50</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>5-24-50</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Rosedale</u>	24D. LOCATION (City, town, or county) (State) <u>Balto MD</u>		
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 24 1950</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, MD</u>	25. FUNERAL DIRECTOR <u>Jack Revische</u>		ADDRESS <u>2100 Eutaw Pl</u>	

VS 150

73287

49a



50 4656

COHEN
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4656
Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Isadore Cohen

2. DATE
OF
DEATH

5-22-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE Md B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-18

c. Length of stay in Baltimore

35

D. STREET ADDRESS (If rural, give location)

4930 Kitchfield Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years last birthday)

69

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Abraham

14. MOTHER'S MAIDEN NAME

I Ma

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Rebecca Cohen 4930 Kitchfield Ave

ADDRESS

18.

792.4

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Aplastic Anemia

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 5-1 1950, to 5-22, 1950, that I last saw the deceased alive on 5-22, 1950, and that death occurred at 9:15 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Jerome Cohen

M. D.

23B. ADDRESS

Linn House

23C. DATE SIGNED

5/22/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

5-24-50

24C. NAME OF CEMETERY OR CREMATORY

Shalom Israel

24D. LOCATION (City, town, or county)

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis Inc 2100 Canton Pl

ADDRESS

VS 150

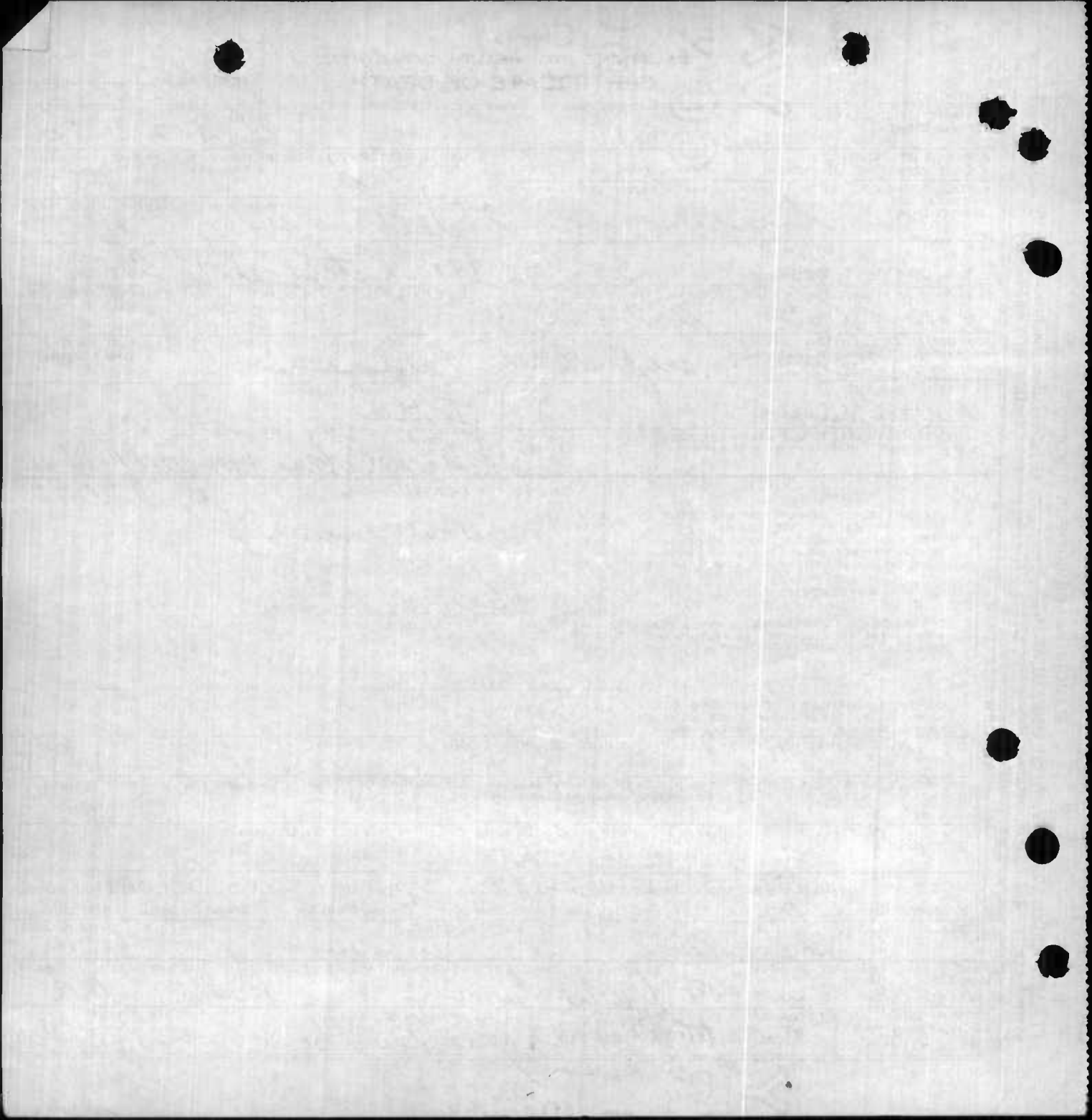
36065

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 50 4657

BIRTH NO. 130

NAME OF DECEASED
(Type or Print) Isadore Levitt

2. DATE OF DEATH 5-22-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 27-16

c. Length of stay in Baltimore 1 hr
Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location) 2923 Woodland Ave

5. SEX Male 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 5/4 9. AGE (In years last birthday) 54 11 Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Printer 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore Md 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Abraham

14. MOTHER'S MAIDEN NAME Clara

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 17. INFORMANT Isadore Levitt ADDRESS 2923 Woodland Ave

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) Myocardial Infarction DUE TO

(B) Acute coronary occlusion DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 5/20/50

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/21, 1950, to 5/22, 1950, that I last saw the deceased alive on 5/22, 1950, and that death occurred at 4:15 A. M., from the causes and on the date stated above.

23A. SIGNATURE Jerome Gaher

23B. ADDRESS St. Luke

23C. DATE SIGNED 5/22/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE 5-24-50

24C. NAME OF CEMETERY OR CREMATORY Hebrew Cemetery

24D. LOCATION (City, town, or county) (State) Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

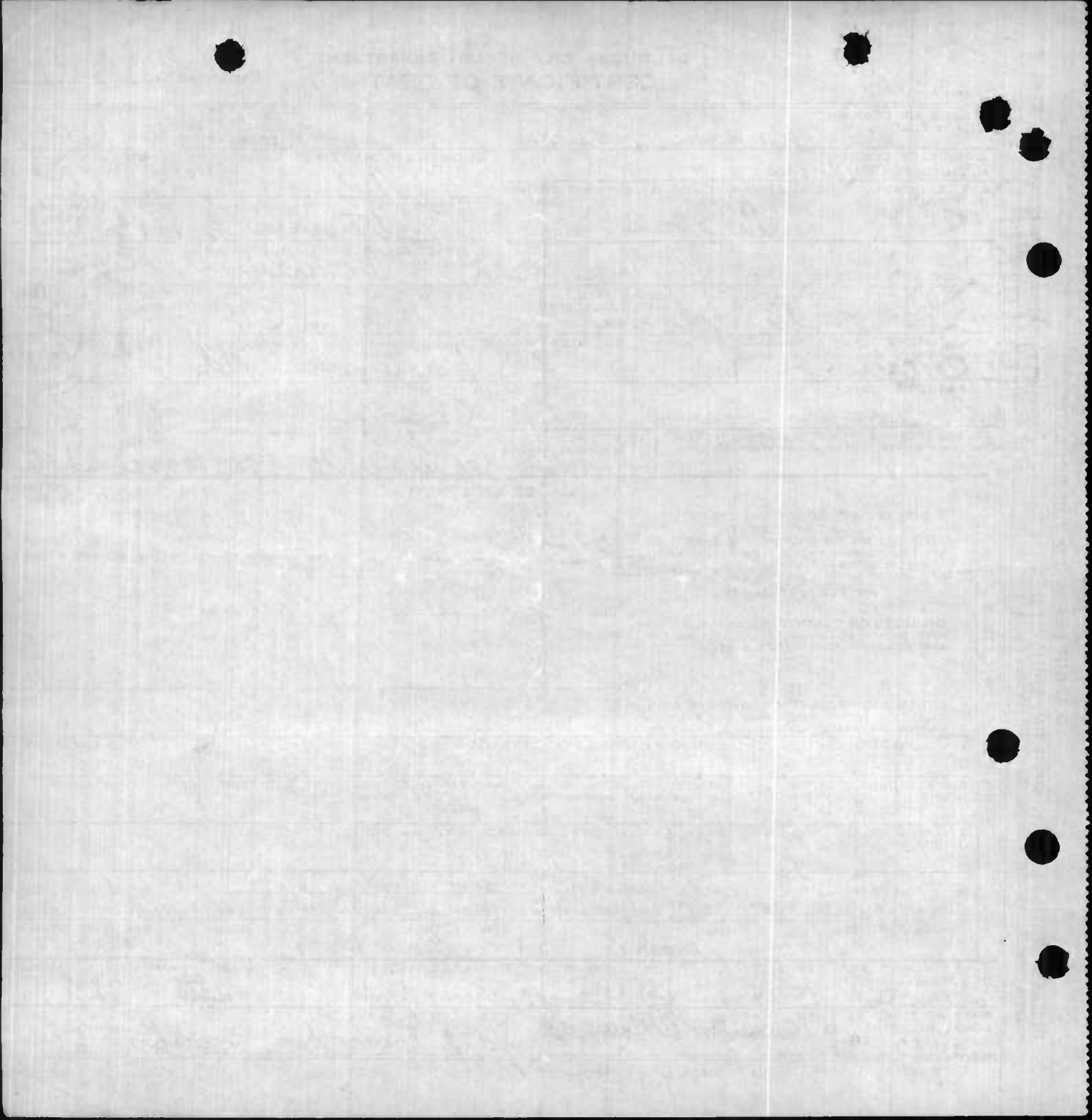
REGISTRAR'S SIGNATURE Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

MAY 24 1950

Jack Lewis Inc 2100 Eutan Pl



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 50 4658

BIRTH NO.		NAME OF DECEASED (Type or Print) <u>JOSEPH BLOCK</u>		2. DATE OF DEATH <u>5-22-50</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>3766 Norton Rd</u>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <u>Md</u> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Mount</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 27-16</u>			
c. Length of stay in Baltimore <u>55</u> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>3300 Dupont Ave</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH	9. AGE (In years, last birthday) <u>67</u>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Adjuster Sewing machines</u>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Russia</u>	
13. FATHER'S NAME <u>Not known</u>		14. MOTHER'S MAIDEN NAME <u>Hannah</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <u>Frank Block 4607 Liberty Hgts Ave</u>	
18. <u>331X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <u>Bronchial pneumonia 72 hrs.</u>			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <u>Cerebro-vascular accident 2 week</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) <u>Generalized arteriosclerosis? Pulmonary edema & auricular fibrillation</u>			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June 1949</u> to <u>May 22, 1950</u> that I last saw the deceased alive on <u>May 21, 1950</u> and that death occurred at <u>8:30</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Joseph C. Matchar</u>		23B. ADDRESS <u>3623 Liberty Hgts Ave</u>		23C. DATE SIGNED <u>May 22, 1950</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>May 24, 1950</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Rosevale</u>	
24D. LOCATION (City, town, or county) <u>Baltimore</u>		24E. (State) <u>Md</u>			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <u>Huntington Williams, Md</u>		25. FUNERAL DIRECTOR ADDRESS <u>Jack Lewis Inc. 2100 Eutan Place</u>	

VS 150

33637

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Matchless
3623 Liberty Heights
3 PM

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4659
Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

JOSEPH H. HUMMEL

2. DATE
OF
DEATH

MAY 20-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

MD.

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

811 1/2 East ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 26-11

D. STREET ADDRESS (If rural, give location)

811 1/2 East ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

6. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

mch. 14, 1869

9. AGE (In years last birthday)

81

If Under 1 Year Months: Days

If Under 24 hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shoemaker

10B. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

Baltimore Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

not known

14. MOTHER'S MAIDEN NAME

not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Elizabeth Hummel-P/H 1 1/2 East ave

18.

192X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Carcinoma of left eye &

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

3 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

neuritis of left side of face &

DUE TO

(C)

fair.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1947

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of left eye

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

Suicide

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Home

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Home

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

Home

21F. HOW DID INJURY OCCUR?

Home

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 5-19, 1950, and that death occurred at 8:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

E. J. Schenck, M.D.

23B. ADDRESS

842 1/2 East Ave

23C. DATE SIGNED

5-22-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 24/50

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

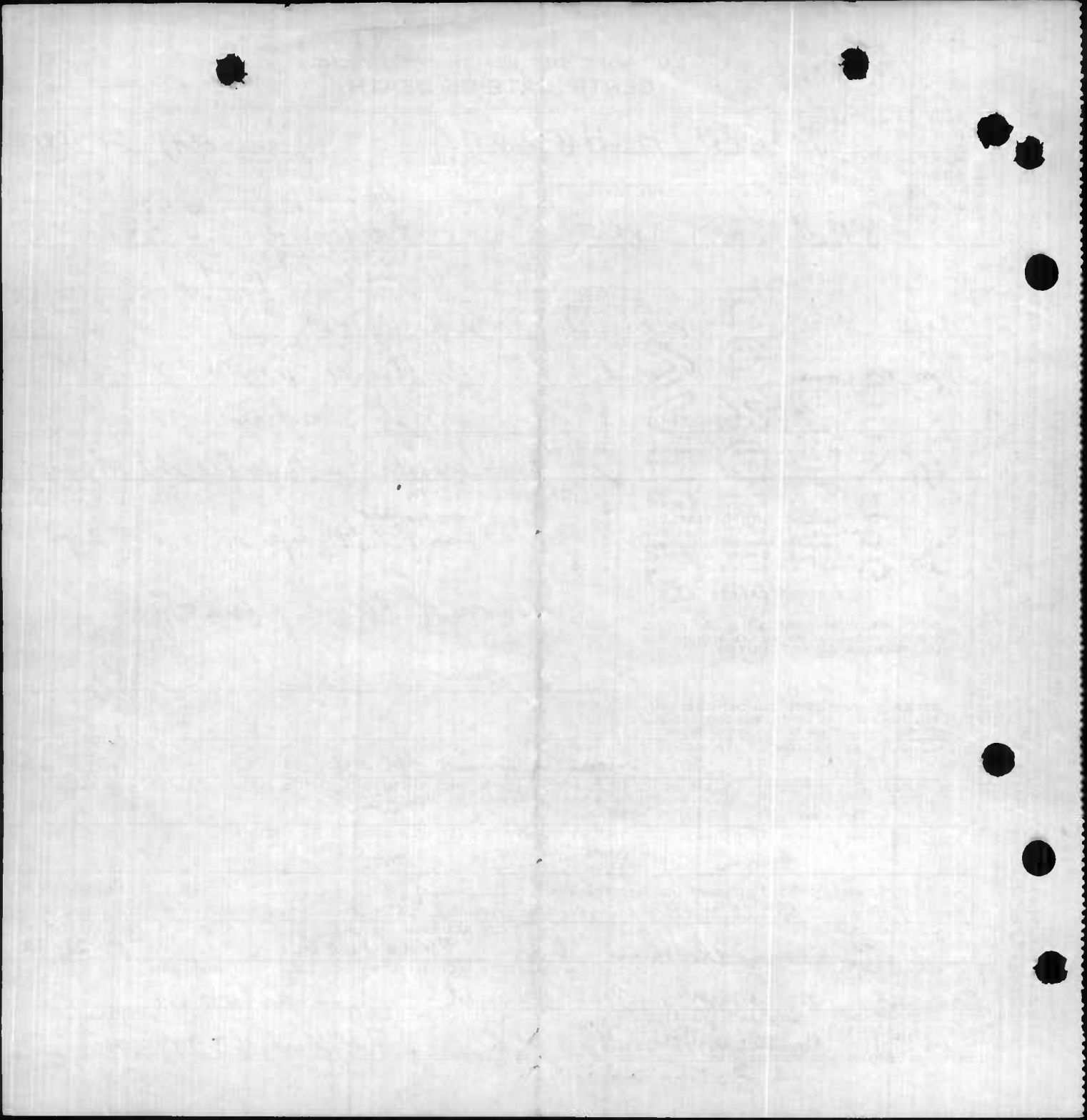
REGISTRAR'S SIGNATURE

Christington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

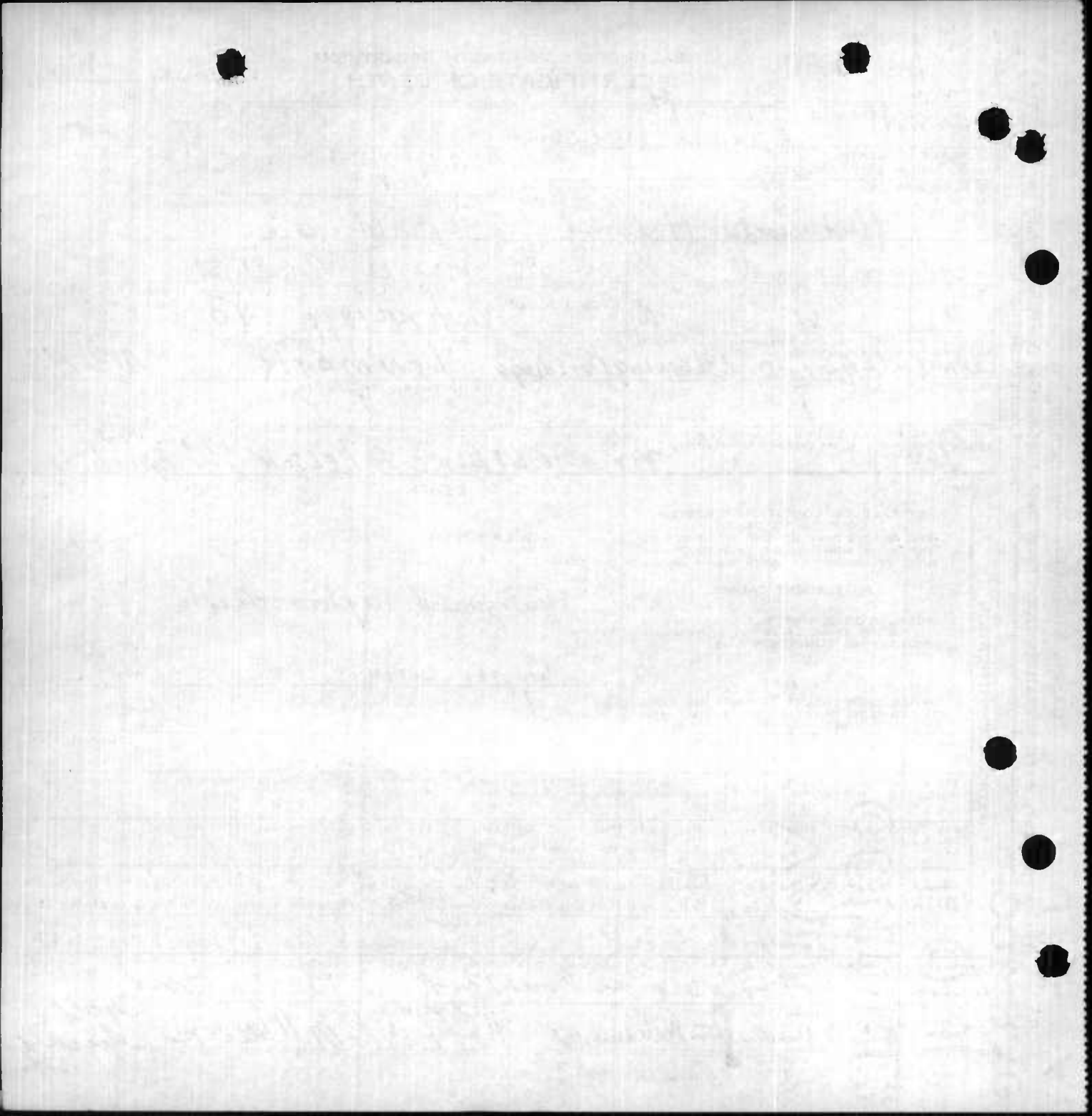
Clarence P. Hoffman 1639 Broadway



NELSON
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4660

BIRTH NO.		NAME OF DECEASED (Type or Print) <i>Daniel Nelson</i>		2. DATE OF DEATH <i>5-22-50</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 19-04</i>			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1722 W. Pratt St.</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>Oct 25-1899</i>	9. AGE (In years last birthday) <i>50</i>	10. Under 1 Year Months: Days
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>SAND BLASTER</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Cleaning Buildings</i>		11. BIRTHPLACE (State or foreign country) <i>DENMARK</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>J</i>		14. MOTHER'S MATHEN NAME <i>P</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>	
16. SOCIAL SECURITY NO. <i>VIR-03-0167</i>		17. INFORMANT <i>ALICE H. NELSON 1722 PRATT ST</i>			
18. <i>446X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) <i>Uremia</i>		INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) <i>Malignant nephro sclerosis</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO (C) <i>Hypertension</i>					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5-1</i> , 19 <i>50</i> , to <i>5-22</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>5-22</i> , 19 <i>50</i> , and that death occurred at <i>12:45</i> A.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>D. Fredrick</i>		23B. ADDRESS <i>University Hosp</i>		23C. DATE SIGNED <i>5-22-50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5/24/50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Lawson Park</i>	
24D. LOCATION (City, town, or county) <i>Baltimore</i>		24E. LOCATION (State) <i>Md</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 24 1950</i>		REGISTRAR'S SIGNATURE <i>Wm. H. Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Wm. H. Williams, M.D.</i>	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4661
Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Paul B. Hawkins

2. DATE
OF
DEATH

May 20, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

14 South Stockton St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY Baltimore

D. STREET ADDRESS (If rural, give location)

14 S. Stockton St.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 3, 1885

9. AGE (in years, last birthday)

64

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs.;. Mary Hawkins 14 S. Stockton

18. 541.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Massive hemorrhage, stomach

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Peptic ulcer (?)

10 yrs.

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive Cardiovascular disease

6 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12.14, 1944 to 5.20, 1950, that I last saw the deceased alive on 5.18, 1950, and that death occurred at 3 A. m., from the causes and on the date stated above.

23A. SIGNATURE

James M. Pair

23B. ADDRESS

400 N. Carrollton Ave.

23C. DATE SIGNED

5.22.50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-24-50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem.

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Frances A. Kennedy

ADDRESS

578 W. Biddle St

MAY 24 1950

VS 150

98899

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Executive Summary, dated 2-1-77
10-1-77

Informational (not confidential)

10-1-77
10-1-77
10-1-77

10-1-77
10-1-77
10-1-77

200
ES-15990

4662

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4662
Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Mary McQuay

2. DATE
OF
DEATH

5-18-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 17-01

D. STREET ADDRESS (If rural, give location)
907 (909) St. Barnabas Ct.

c. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

?

9. AGE (In years last birthday)

90?

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS 4940

Records * Balto. City Hospitals Eastern Ave

18.

331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Acute Cerebral Vascular Accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic Gangrene of Right Foot

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 8-26, 1920, to 5-18, 1950, that I last saw the deceased alive on 5-18, 1950, and that death occurred at 11:45 A.M. from the causes and on the date stated above.

23A. SIGNATURE

J. J. Rogers

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

5-19-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

5-25-50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem.

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

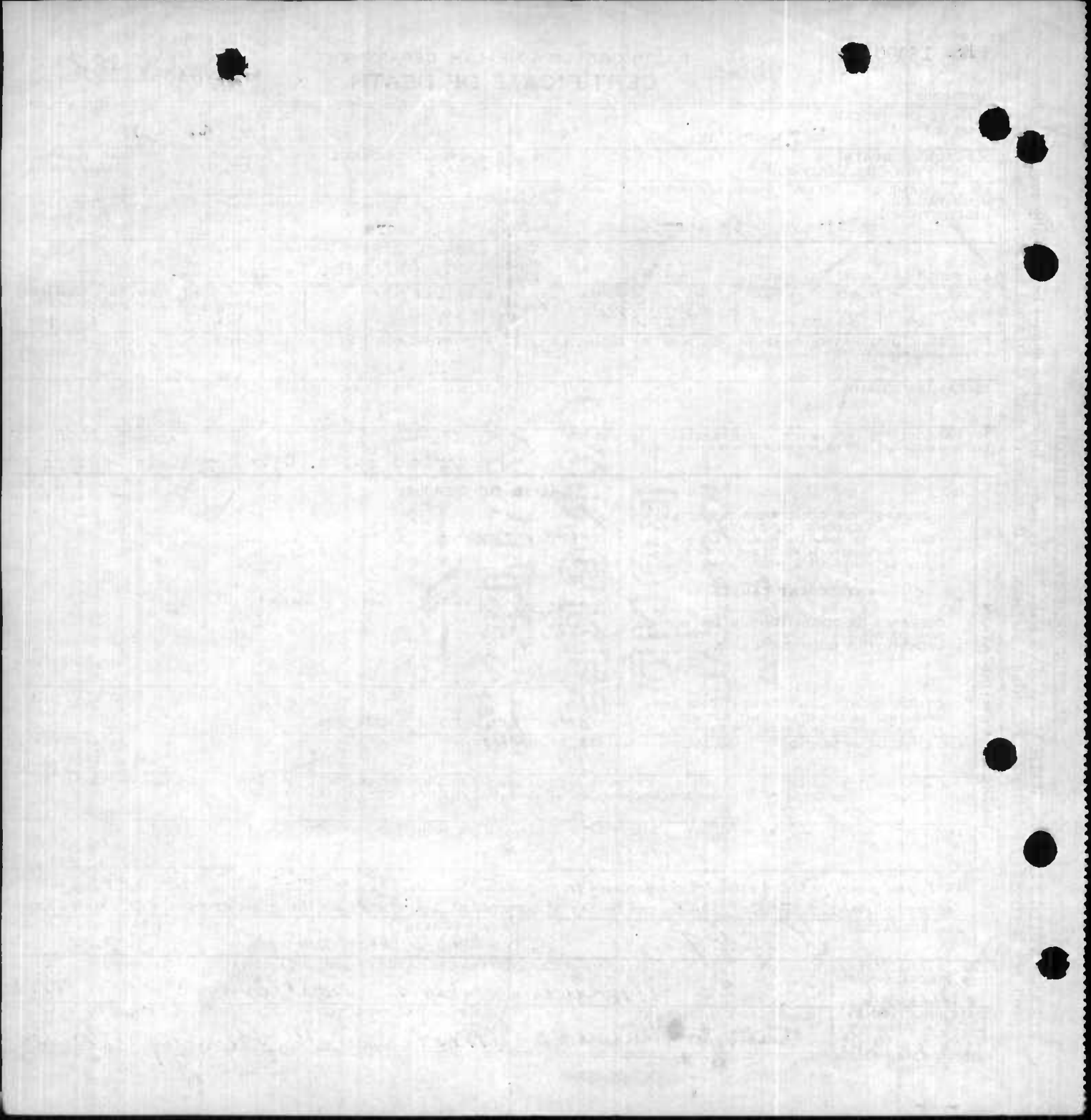
ADDRESS

578

Mrs. Francis C. Hensley W. Bider

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4663
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Andrew C. Baumbach

2. DATE
OF
DEATH

May 23rd. 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 4703 Hampnett Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
508 Wyanott Ave

c. Length of stay in Baltimore 40 Yrs. Mos. Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

April 5th 1867

9. AGE (In years last birthday)

83

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Motorman

10B. KIND OF BUSINESS OR INDUSTRY

Street Car

11. BIRTHPLACE (State or foreign country)

D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Amdus Baumbach

14. MOTHER'S MAIDEN NAME

Margaret Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS Ave.
Eugene A. Baumbach 3929 Greenmount

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1940, 19, to 5-23, 1950, that I last saw the deceased alive on 5-22, 1950, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

5/25/50

New Cathedral

Baltimore

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 24 1950

Huntington Williams, M.D.

John Q. Moran

3000 E. Baltimore St

Wyanoke 9-01

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

500
50 4664

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4664
Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Harris Dunie

2. DATE
OF
DEATH

May 23, 1950

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mount Nursing Home

60 3706 Northemia Ave

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

a. STATE Maryland

b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-11

d. STREET ADDRESS (If rural, give location)

3706 Dorchester Road

c. Length of stay in Baltimore

18 Yrs

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug 21, 1871

9. AGE (In years,
last birthday)

78

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Merchant Retired

10b. KIND OF BUSINESS OR
INDUSTRY

Dress Business

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jacob Dunie

14. MOTHER'S MAIDEN NAME

Lenaa ??

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs Maud Dunie

ADDRESS

3706 Dorchester Road

18. 4221

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Broncho pneumonia

INTERVAL BETWEEN
ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerotic C.V.D.

3 yrs.

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/15, 1950, to 5/23, 1950, that I last saw the deceased alive on 5/22, 1950, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Robert K. Greenman

M. D.

23B. ADDRESS

12124 Patterson Pl. W.

23C. DATE SIGNED

5/23/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-24-50

24C. NAME OF CEMETERY OR CREMATORY

Aitz Chaim Congregation

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

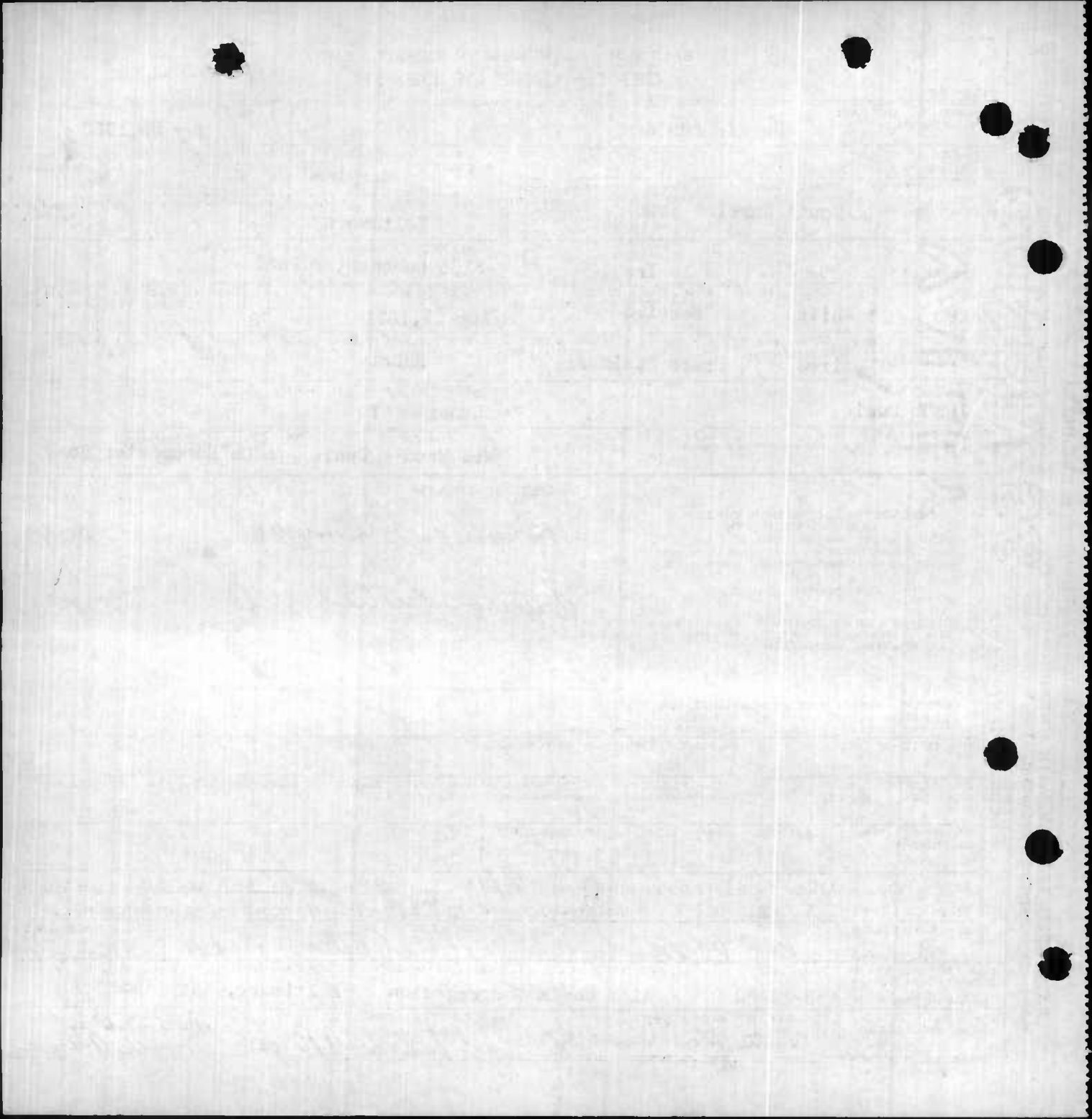
Sal. Greenman & Bros.

ADDRESS

1124-26 W. North Avenue

VS 150

931



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4665
Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

FLORA FRANKLIN LANE

2. DATE
OF DEATH May 21, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR 3025 Windsor Ave.
INSTITUTION Windsor Rest HomeC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 16-04

c. Length of stay in Baltimore

O. STREET ADDRESS (If rural, give location)
1806 W. Mosher St.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widow

8. DATE OF BIRTH

Nov 1, 1867

9. AGE (In years
last birthday)

82

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Home

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Lancaster Co. Va.

12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

Benjamin Franklin

14. MOTHER'S MAIDEN NAME

Placidia Crawlle

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. William A. Reed 4502 Wentworth Rd.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic C-V-D

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Hypertensive C-V-D.

INTERVAL BETWEEN
ONSET AND DEATH

7 mos

2

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from April 23, 1948 to May 21, 1950, that I last saw the
deceased alive on May 21, 1950, and that death occurred at 8:35 p. m., from the causes and on the date stated above.

23A. SIGNATURE

John M. Scott

M. O.

23B. ADDRESS

8 Lombard Road

23C. DATE SIGNED

May 23, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

5-24-50

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 24 1950

REGISTRAR'S SIGNATURE

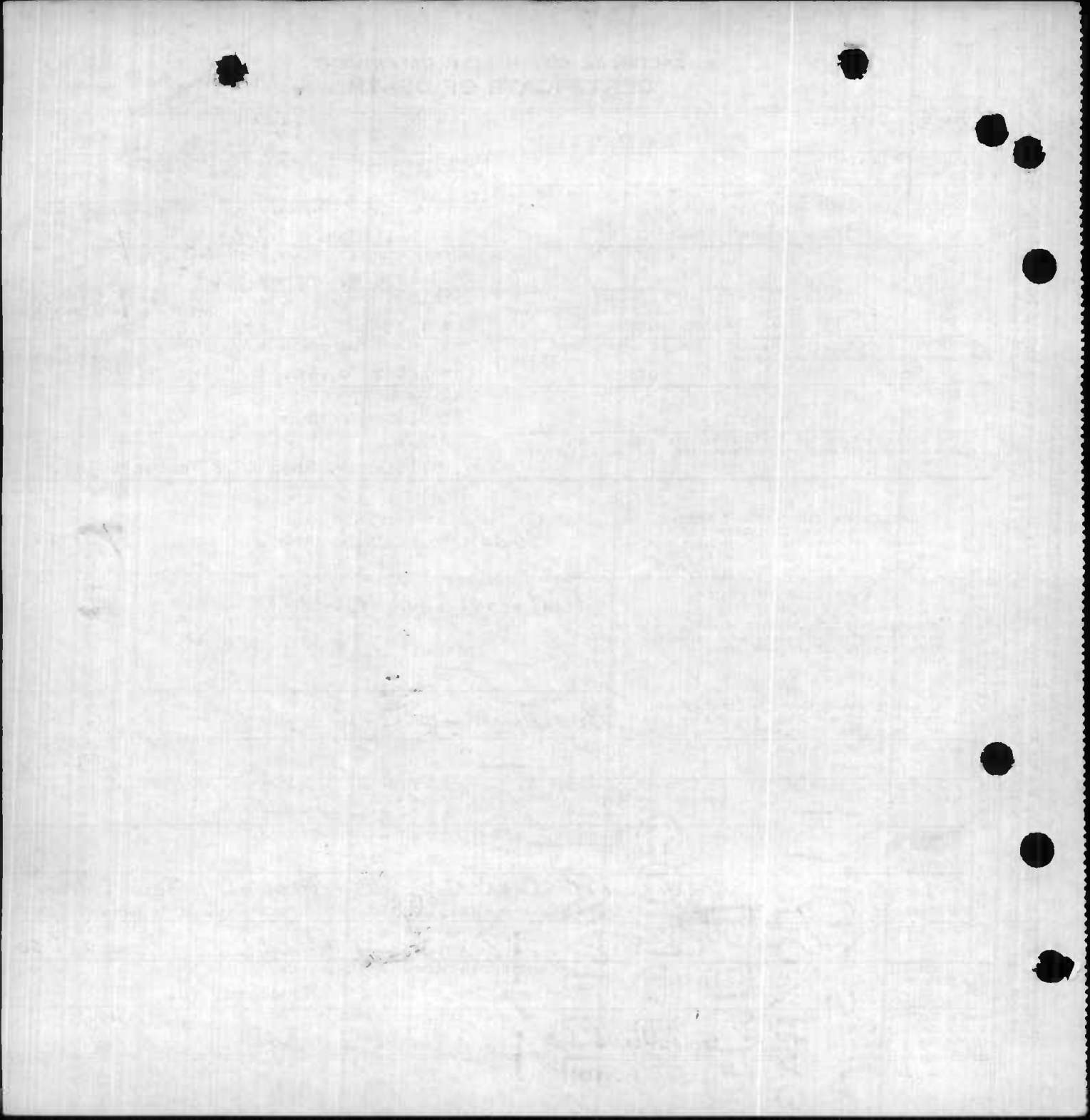
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

H. J. Tucker & Sons Inc.

ADDRESS

Northwood
Baltimore Md



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be as fully supplied as possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

50-4666

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 50 4666

BIRTH NO.

NAME OF DECEASED
(Type or Print)

JEAN BATES KLABURNER

2. DATE
OF
DEATH

May 22, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

US Marine Hospital

Wyman Pk. Drive & 31st St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-07

D. STREET ADDRESS (If rural, give location)

2909 Fleetwood Avenue

c. Length of stay in Baltimore

1

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

B. DATE OF BIRTH

5/14/13

9. AGE (In years last birthday)

37

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Oscar Bates

14. MOTHER'S MAIDEN NAME

Belle Cole

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no?

16. SOCIAL SECURITY NO.

?

17. INFORMANT

ADDRESS

Records- US Marine Hospital, Balto, Md.

18.

200.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hemorrhage, intestinal

DUE TO

Terminal

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) due to lymphosarcoma

DUE TO

more than 4 1/2 years

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐HOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May 16, 1950, to May 22, 1950, that I last saw the deceased alive on May 22, 1950, and that death occurred at 1:15 AM, from the causes and on the date stated above.

23A. SIGNATURE

John L. Wilson, Medical Director

M. D.

23B. ADDRESS

U.S. Marine Hospital, Balto, Md.

23C. DATE SIGNED

5/22/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/25/50

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Taylor Ave Ball Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 24 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Medred J. Blight, 6009 Harford Rd.

7

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4667
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GRANT ELLSWORTH BIDDLE

2. DATE
OF
DEATH

May 20, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE 1420 N. Mount StreetC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-02

c. Length of stay in Baltimore

85 yrs.

Yrs.
Mos.
DaysD. STREET ADDRESS (If rural, give location)
1420 N. Mount Street

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Widower

8. DATE OF BIRTH

June 5, 1864

9. AGE (In years

last birthday)
85

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Teacher

10B. KIND OF BUSINESS OR INDUSTRY

Public schools

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

James Biddle

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No.

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Grant E. Biddle Jr. 1420 N. Mount St

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

CAUSE OF DEATH

Chronic Nephritis (uremia)

INTERVAL BETWEEN ONSET AND DEATH

one year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

myocardial changes (chronic degenerative)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from April 28, 1950 to May 20, 1950, that I last saw the deceased alive on May 19, 1950, and that death occurred at 10A m., from the causes and on the date stated above.

23A. SIGNATURE

Raymond J. Young M. D.

23B. ADDRESS

1424 E. Monument St

23C. DATE SIGNED

5/22/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/24/1950

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

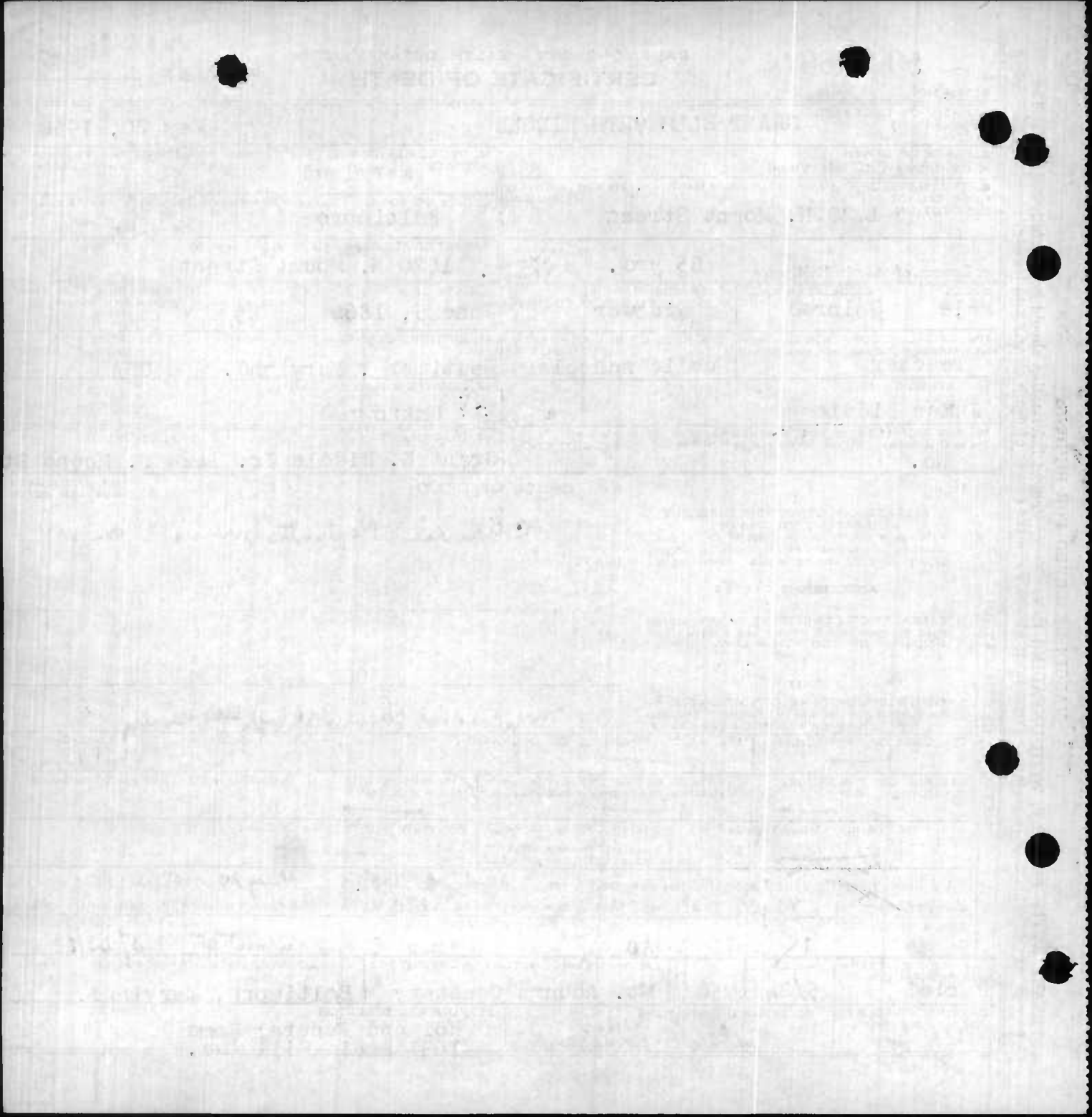
REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Holland Funeral Home
1631 Druid Hill Ave.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

ELIZABETH KIMBERLY BUIST

2. DATE
OF
DEATH

MAY 23, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

S.C.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

617 RESERVOIR ST.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

CHARLESTON S.C.

D. STREET ADDRESS (If rural, give location)

43 LEGARE ST.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

JUNE 18, 1887

9. AGE (In years
last birthday)

62

If Under 1 Year
Months: Days

11

5

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

OWN HOME

11. BIRTHPLACE (State or foreign country)

BALTO., MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

HARRY KIMBERLY

14. MOTHER'S MAIDEN NAME

ELIZABETH WADE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS. P.B. FREDERICK 617 RESERVOIRS

18.

174X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Extensive
Sarcoma of pelvis

DUE TO

(C) Sarcoma of uterus

INTERVAL BETWEEN
ONSET AND DEATH

2 months

6 mos

?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Jan 28 1950

19B. MAJOR FINDINGS OF OPERATION

Sarcoma of uterus with metastasis

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to 23rd May, 1950, that I last saw the
deceased alive on 23rd May, 1950, and that death occurred at 10:42 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

5-27-1950

MAGNOLIA

CHARLESTON

S.C.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 24 1950

Huntington Williams, M.D.

H.W. JENKINS & SONS 4905 YORK RD.

1949 17
1950 23
1887 6 18

62 11 5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4669
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) *William L. Helm*

2. DATE OF DEATH *5-22-50*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE *md.* B. COUNTY *Balto.*

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION *Univ. Hospital*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Idylwild 5300

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)
6675 Parkway Road

5. SEX *M*

6. COLOR OR RACE *W*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *M*

8. DATE OF BIRTH *APR 29 1903*

9. AGE (In years last birthday) *47*

10 Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Clerk

10B. KIND OF BUSINESS OR INDUSTRY
B & O R.R.

11. BIRTHPLACE (State or foreign country)
Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
Wm. U. Helm

14. MOTHER'S MAIDEN NAME
May Bucher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
705-05-3095

17. INFORMANT ADDRESS
Mrs. Mabel Helm - 6675 Parkway Rd.

18. *002X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Massive Pulmonary Hemorrhage*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Pulmonary Tuberculosis*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5-22*, 1950, to *5-22*, 1950, that I last saw the deceased alive on *5-22*, 1950, and that death occurred at *11 P.* m., from the causes and on the date stated above.

23A. SIGNATURE
Edw. G. Swisher

23B. ADDRESS
Univ. Hosp.

23C. DATE SIGNED
5-23-50

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
5/26/50

24C. NAME OF CEMETERY OR CREMATORY
Woodlawn

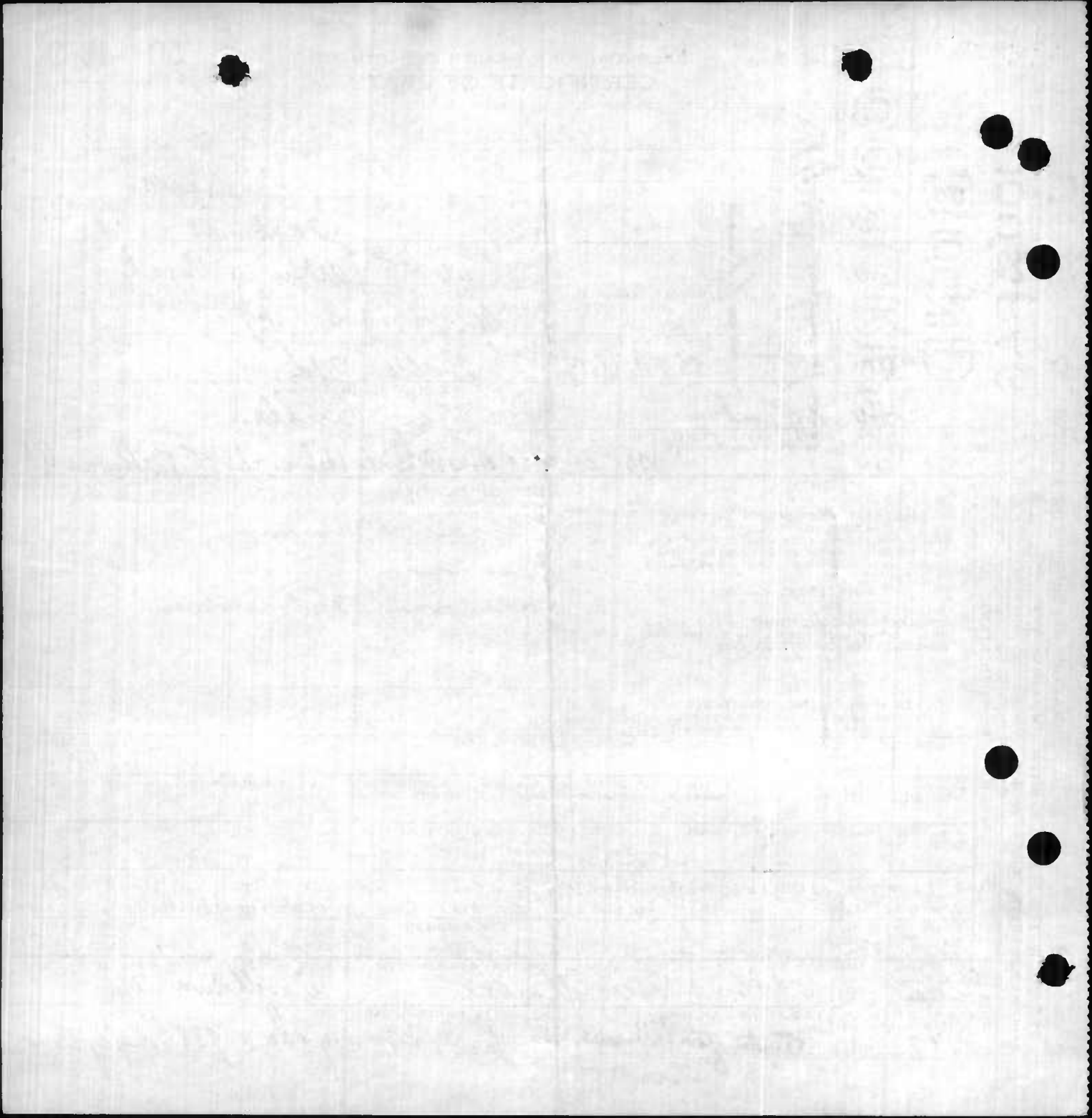
24D. LOCATION (City, town, or county) (State)
Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR
MAY 24 1950

REGISTRAR'S SIGNATURE
Thurston Williams, M.D.

25. FUNERAL DIRECTOR
E. J. Fanning, Inc.

ADDRESS
1938 E. Lafayette St.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 4670

BIRTH NO.

NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

May 23, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

and

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

00 2002 Baker st

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto 15-02

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2002 Baker st

5. SEX

m

6. COLOR OR RACE

e

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

m.

8. DATE OF BIRTH

Oct 22, 1908

9. AGE (in years,
last birthday)

41

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Teacher

10B. KIND OF BUSINESS OR
INDUSTRY

School

11. BIRTHPLACE (State or foreign country)

and

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Charles Wing

14. MOTHER'S MAIDEN NAME

Annie Boyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

W. W. 2

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Louise Wing 2002 Baker st

18. 4/20.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

Myocardial infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Coronary occlusion

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C) Hypertensive Cardis-vascular
renal disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 18, 1950, that I last saw the
deceased alive May 21, 1950, and that death occurred at 11:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

L. S. Shore (M.D.)

23B. ADDRESS

601 N. Howard St

23C. DATE SIGNED

5/23/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 23, 1950

24C. NAME OF CEMETERY OR CREMATORY

Balto Nat

24D. LOCATION (City, town, or county)

and

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

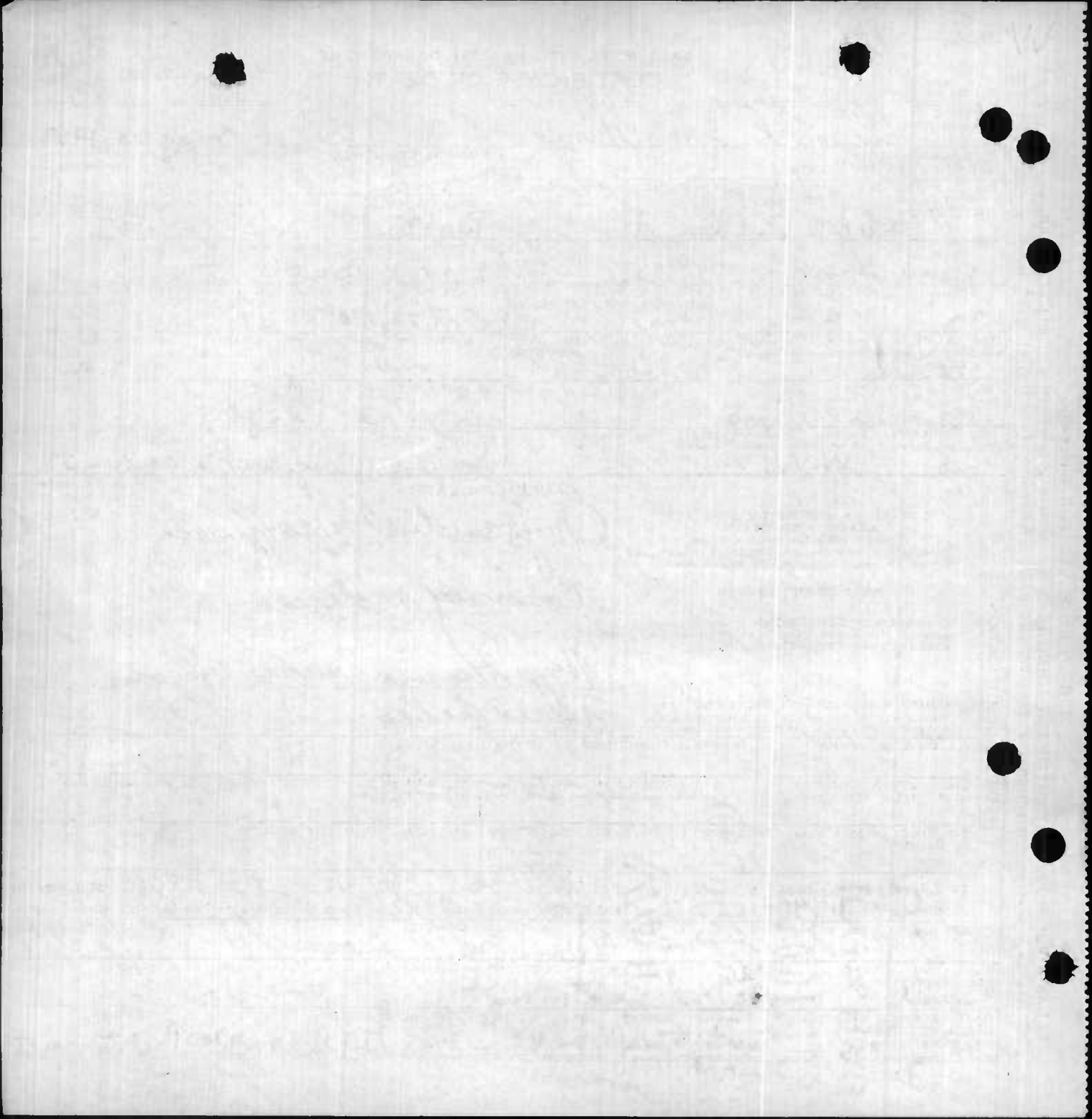
George J. Nelson 1303 Prentiss st

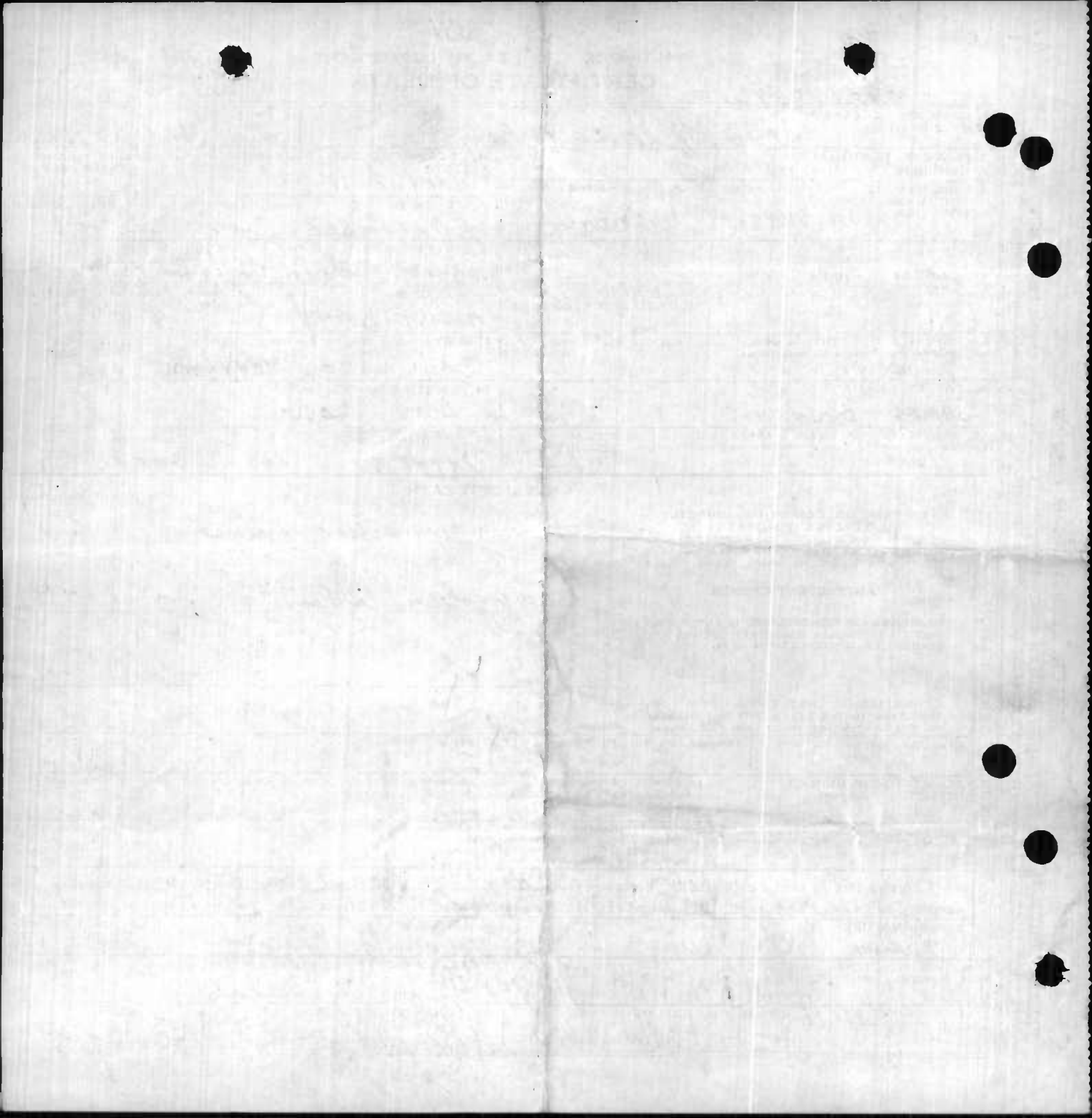
MAY 24 1950

VS 150

V3491

131a





STRAUSBAUGH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 4672

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Helene Strausbaugh*2. DATE
OF
DEATH*23 May 50*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Baltimore, Md.*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland *27-18*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural give location)

3725 Manchester Ave.

c. Length of stay in Baltimore

53 Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 18 1897

9. AGE (In years

last birthday)

53

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John L. McCahey

14. MOTHER'S MAIDEN NAME

*Ella Coleman*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Wm. Strausbaugh, Jr. 3725 Manchester Ave.*18. *581.0*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on *23 May 1950*, and that death occurred at *7:30* m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph C. Brennan

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

25 May 50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/26/50

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

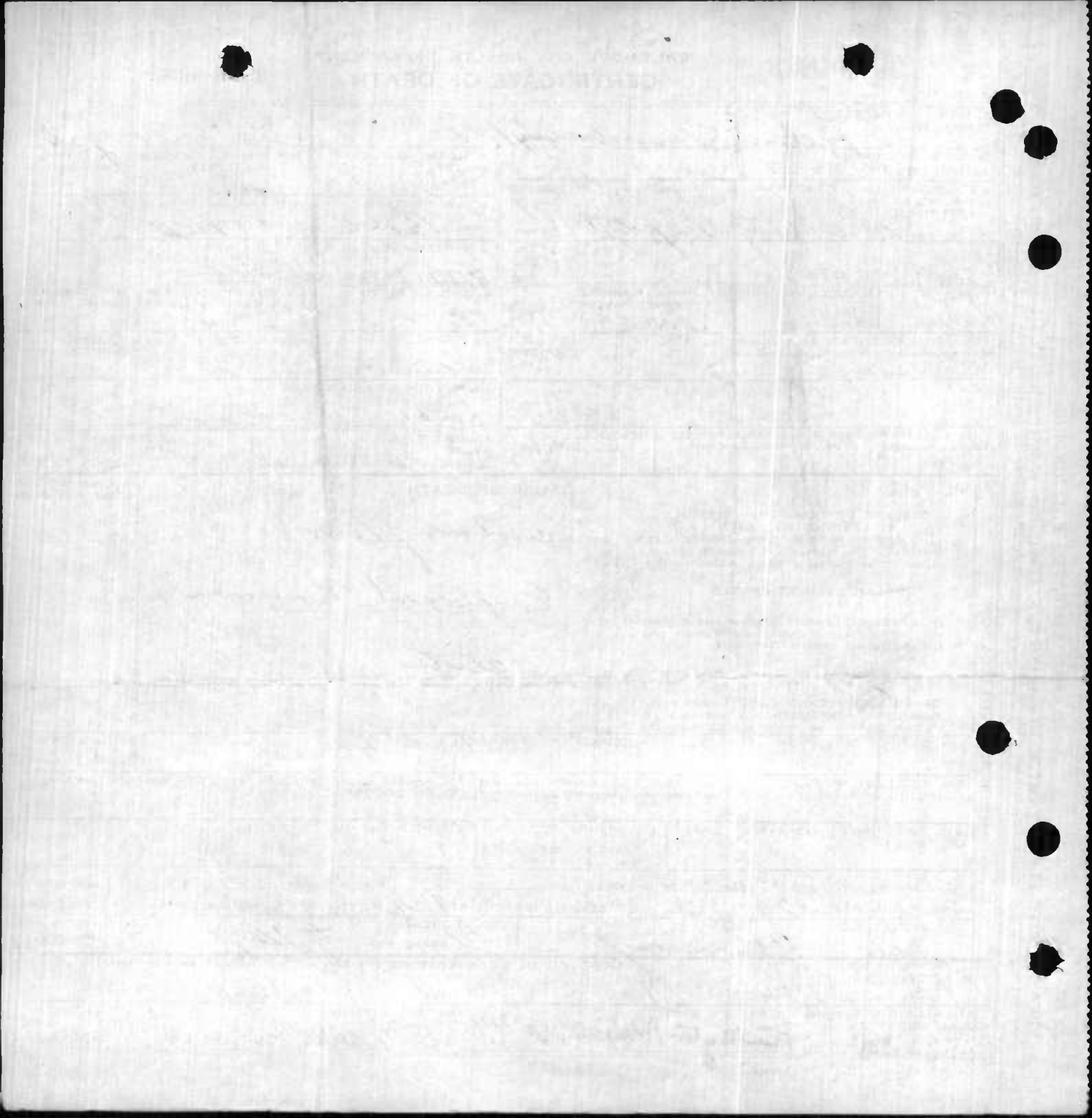
Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

No. 25. Meeker and Sons 5 N. Calvert St.

MAY 24 1950

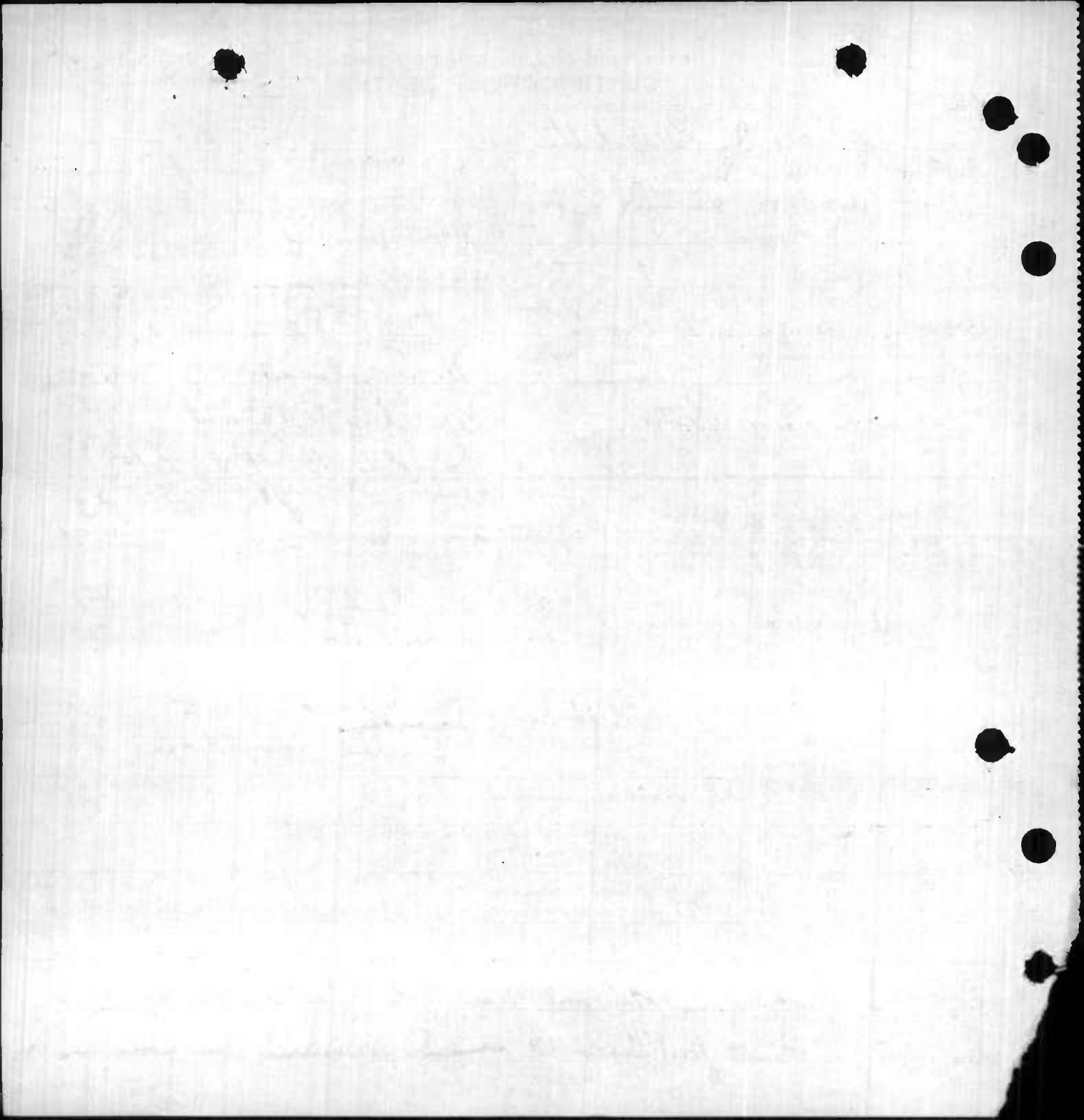


BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 4673
Registered No.

BIRTH NO.		NAME OF DECEASED (Type or Print) <i>Mary J. Burdette</i>		2. DATE OF DEATH <i>5-24-50</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>MD</i> B. COUNTY <i>12-05</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Anne's</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
c. Length of stay in Baltimore <i>4</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1625 N. Calvert St</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct. 8, 1887</i>	9. AGE (in years last birthday) <i>62</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Stenographer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>St. Anne's</i>	11. BIRTHPLACE (State or foreign country) <i>N. Carolina</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>John D. Hamilton</i>		14. MOTHER'S MAIDEN NAME <i>Martha Adams</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT ADDRESS <i>Doyle B. Burdette</i>		
18. <i>420</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <i>Springfield, Va</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 hr.</i>	
ANTECEDENT CAUSES		(A) <i>Coronary Thrombosis</i>		<i>8 hrs</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>angina pectoris arteriosclerosis</i>		<i>?</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) <i>left side hemiplegia due to cerebral hemorrhage</i>		<i>8 hrs</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Jan 5, 1950</i> to <i>23 May, 1950</i> that I last saw the deceased alive on <i>20 May, 1950</i> , and that death occurred at <i>11:30 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Samuel Schuyler</i>		23B. ADDRESS <i>718 E. Preston St</i>		23C. DATE SIGNED <i>24 May 1950</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>5/26/50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>National Mem. Park</i>	24D. LOCATION (City, town, or county) (State) <i>Falls Church, Va.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 24 1950</i>	REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Harold H. Holland</i>		ADDRESS <i>2503 Edmondson Ave</i>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **4674**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Stanley Jerome Riddlemoser*2. DATE
OF
DEATH*May 21, 1950*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *339 Calvert*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Maryland.*B. COUNTY *Baltimore*

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Baltimore**27-17*

c. Length of stay in Baltimore

*57 Mo.*Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

311 Cedarcroft Road

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 13, 1894

9. AGE (In years last birthday)

55

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Meats

11. BIRTHPLACE (State or foreign country)

Maryland.

12. CITIZEN OF WHAT COUNTRY?

United States

13. FATHER'S NAME

George W. Riddlemoser

14. MOTHER'S MAIDEN NAME

Mary Kavanaugh

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

*yes**W.W.I*

16. SOCIAL SECURITY NO.

503-03-2782

17. INFORMANT

ADDRESS

*Mrs. Mary J. Riddlemoser (wife) Balto. Md.*18. *416X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Pulmonary embolus, left pulmonary artery.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

myocardial thrombosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Rheumatic heart disease

19A. DATE OF OPERATION

2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *January 3*, 1950, to *May 21*, 1950, that I last saw the deceased alive on *May 21*, 1950, and that death occurred at *7:10 P. M.*, from the causes and on the date stated above.

23A. SIGNATURE

Charles H. Wolff, M.D.

23B. ADDRESS

Union Memorial Hospital 5/21/50

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May-24-50

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Steepest Morano Balto.

STATE OF NEW YORK
DEPARTMENT OF HEALTH

OFFICE OF THE
COMMISSIONER OF HEALTH

ALBANY, N.Y.

1917

1917

1917

1917

1917

State of New York
Department of Health
Albany, N.Y.
1917

T-643

4675

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 4675

BIRTH NO.

NAME OF DECEASED
(Type or Print)

William Tarlton

2. DATE OF DEATH 5/22/1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

00 25 North Durham Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City 6-04

D. STREET ADDRESS (If rural, give location)

25 North Durham Street

c. Length of stay in Baltimore

50 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

5/5/1883

9. AGE (in years last birthday) 67

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Canton R.R.

11. BIRTHPLACE (State or foreign country)

Saint Marys Co Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Daniel Tarlton

14. MOTHER'S MAIDEN NAME

Mandy ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Nellie Tarlton 25 N. Durham St

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arterio-sclerosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May 17, 1950, to May 22, 1950, that I last saw the deceased at May 21, 1950, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

V. Edwards Fisher

23B. ADDRESS

1412 E. Monument St

23C. DATE SIGNED

5/23/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/26/1950

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn A.A.CO.MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

Elroy O. Wilson

ADDRESS

1000 Brantly AVE.

MAY 24 1950

VS 150

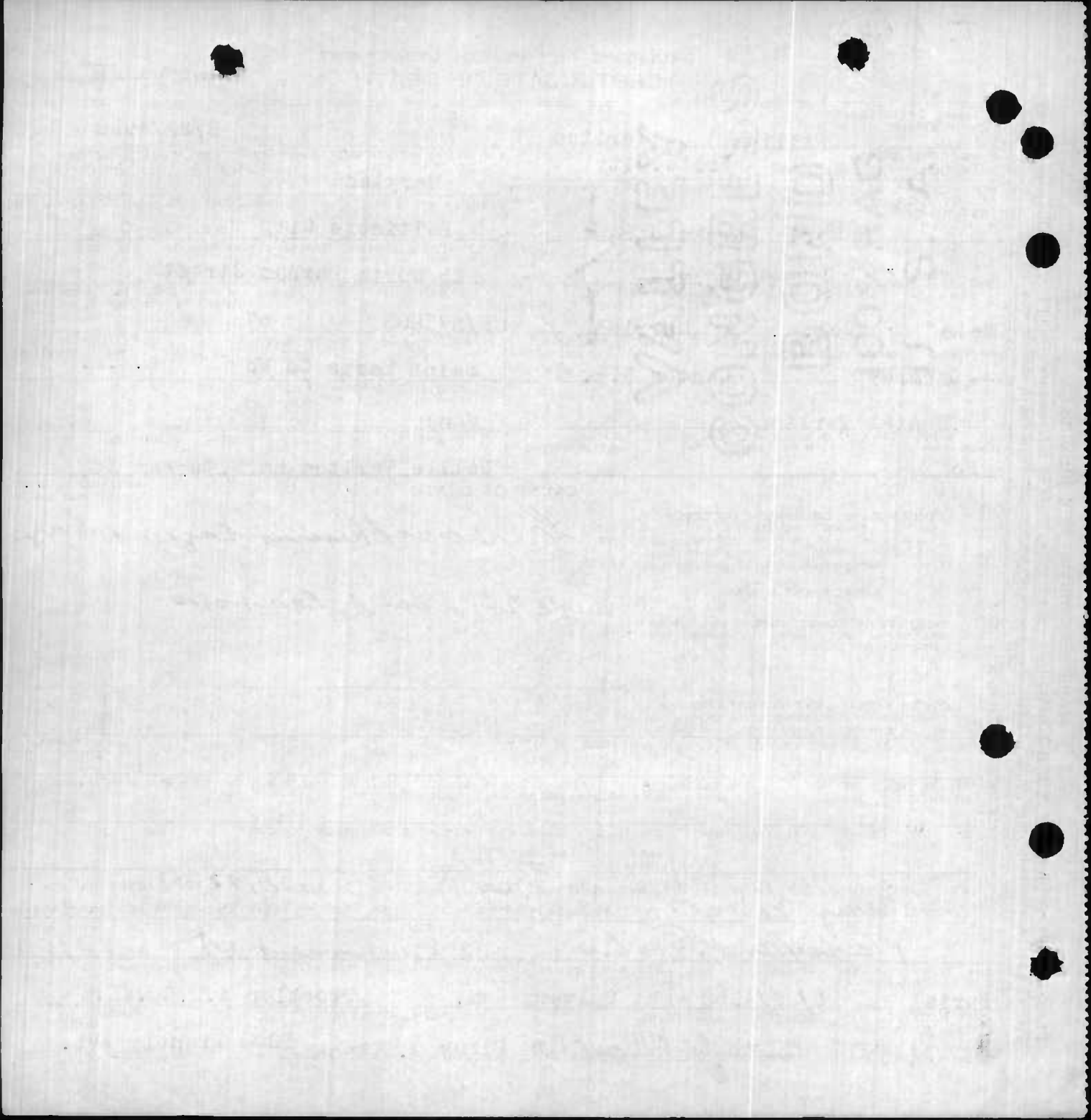
988 47

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4676

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN WESLEY KELLER

2. DATE
OF
DEATH

May 23, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 715 Ashburton St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

715 Ashburton St.

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug 15, 1876

9. AGE (In years
last birthday)

73 74

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Plumber

10B. KIND OF BUSINESS OR
INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles Keller

14. MOTHER'S MAIDEN NAME

Rebecca McKinzie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Miss Elsie P. Keller 715 Ashburton St.

18.

177X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) General Carcinomatosis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Carcinoma of Prostate

DUE TO

2 years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21a. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from January 48, 1948, May 23, 1950, that I last saw the deceased alive on 5/21/50, 19, and that death occurred at 2 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

5-26-50

Meadowridge Cem.

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

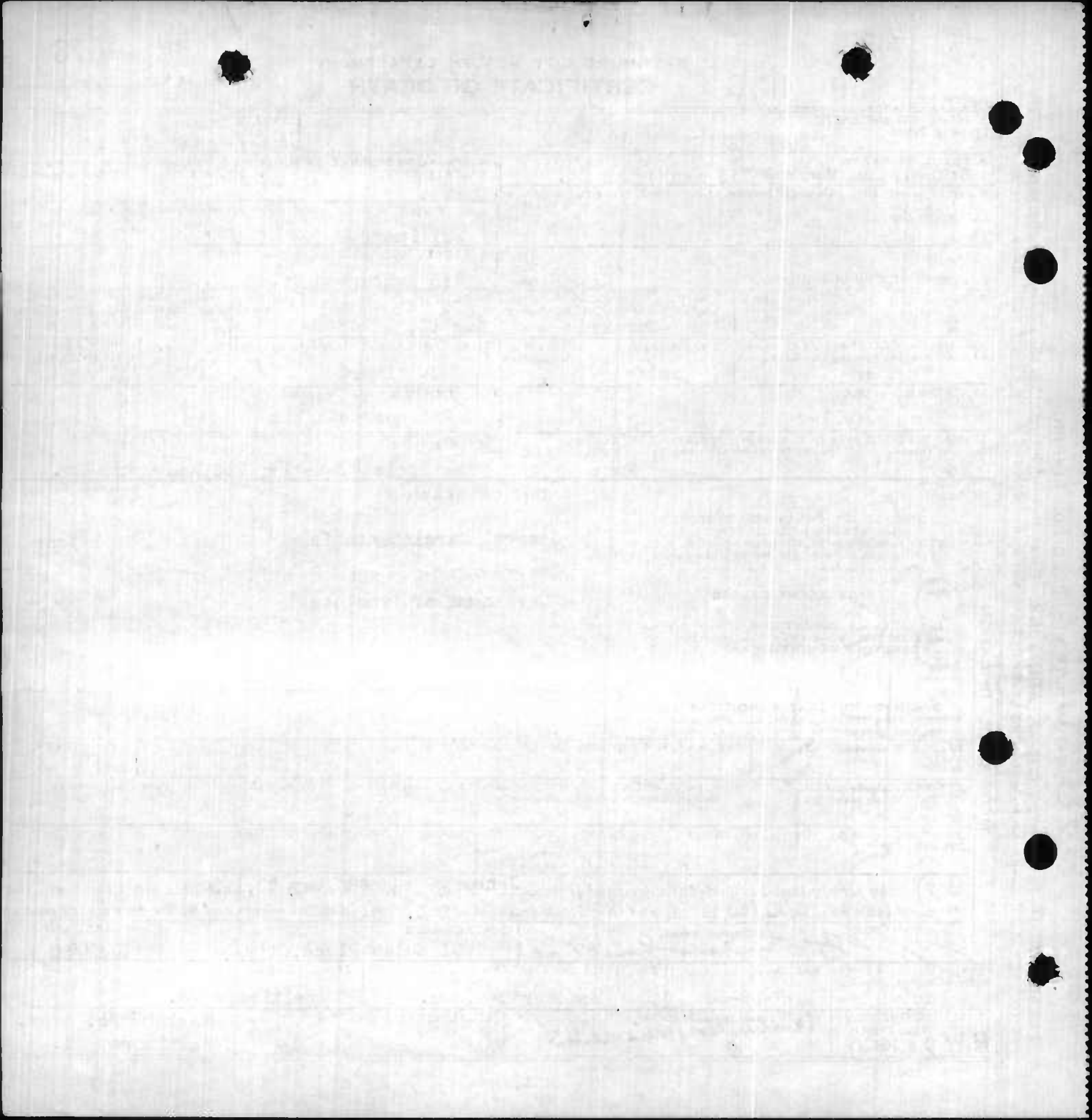
ADDRESS

MAY 24 1950

Washington Williams, M.D.

Wm. J. Tucker & Sons Inc.

North & Pa. Aves.
Baltimore Md.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **4677**BIRTH NO. **59 4677**1. NAME OF DECEASED
(Type or Print) **LEO E. OURS**2. DATE
OF DEATH **May 23, 1950**3. PLACE OF DEATH:
A. **Baltimore City, Maryland**4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE **West Virginia** B. COUNTY **V-45**B. FULL NAME OF (If not in hospital or institution, give street address or
location)
HOSPITAL OR
INSTITUTION**St. Joseph's Hospital**C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
Peterburg

D. STREET ADDRESS (If rural, give location)

8 W. Central Avenue

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Single**

8. DATE OF BIRTH

Aug 30 - 1927 22 249. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Carpenter**10B. KIND OF BUSINESS OR
INDUSTRY**self empl.**

11. BIRTHPLACE (State or foreign country)

W. Virginia12. CITIZEN OF
WHAT COUNTRY?**U.S.A.**

13. FATHER'S NAME

John Ours

14. MOTHER'S MAIDEN NAME

Edna unknown15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**W. W. II**16. SOCIAL
SECURITY NO.**unkn.**

17. INFORMANT

Carl

ADDRESS

18. **E935.51**DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) **Electrocution (struck by lightning)**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☒ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)**house under construction**21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?**3600 block of Chesterfield Avenue**21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY**May 23, 1950 4:00p.m.**

21E. INJURY OCCURRED

WHILE AT
WORK ☒NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

Struck by lightning during storm22. I certify that I took charge of the remains described above, held an **Inquiry & Inspection** thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher M.D.23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
May 24, 195024A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Removal**

24B. DATE

5-24-50

24C. NAME OF CEMETERY OR CREMATORY

Petersburg W. Va

24D. LOCATION (City, town, or county)

Petersburg W. Va

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook Inc

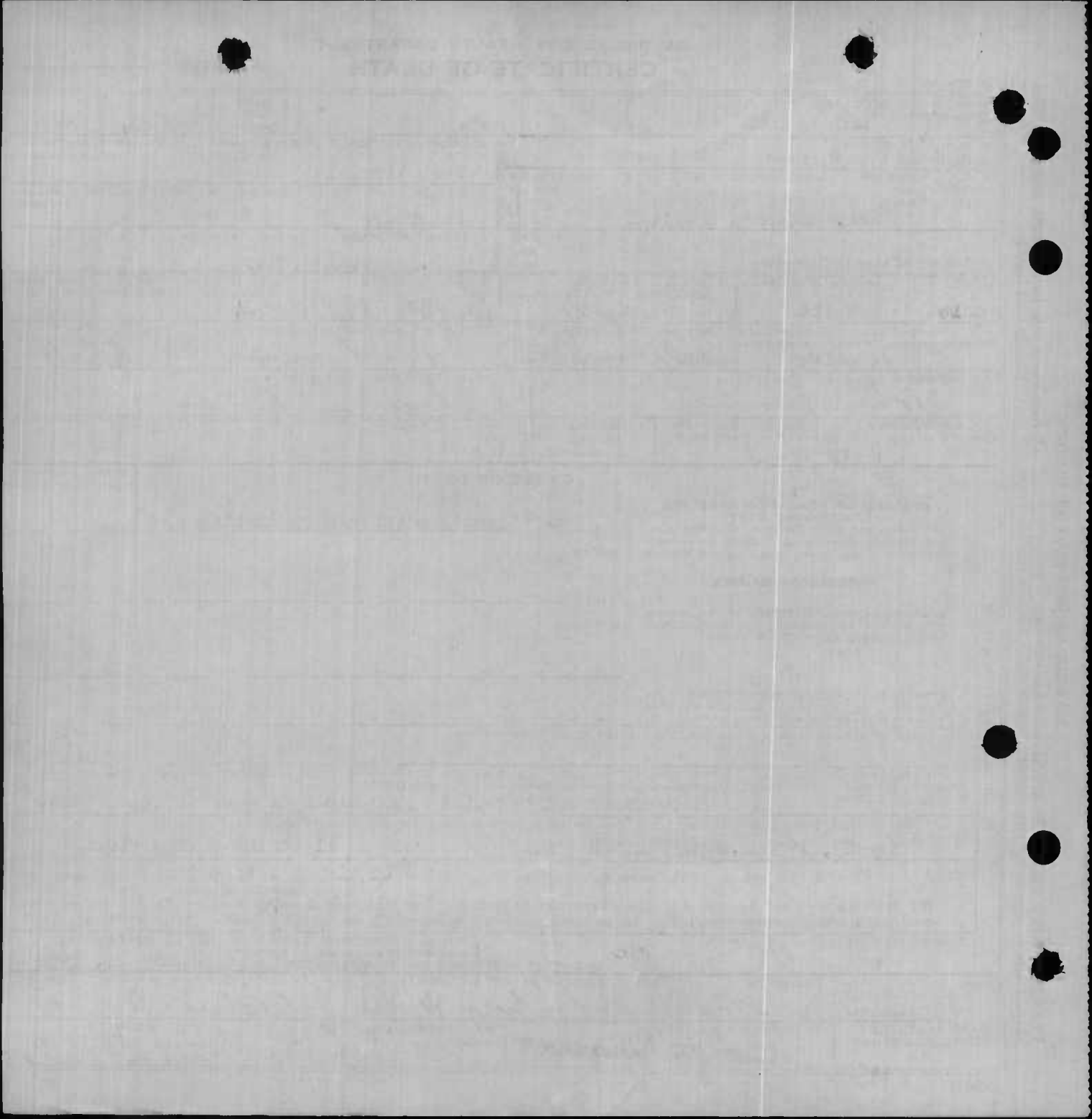
ADDRESS

1217 St Paul

MAY 24 1950

N-984**308 V9****192**

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **50 4678**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**EMMA JOSEPHINE BECK**2. DATE
OF
DEATH**May 24, 1950**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION**US Marine Hospital**

57 Wyman Pk. Drive & 31st St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore**25-31**

D. STREET ADDRESS (If rural, give location)

Pinecrest Nursing Home

c. Length of stay in Baltimore

?Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Single**

8. DATE OF BIRTH

?

9. AGE (In years last birthday)

? 7811 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

Retired Nurse

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John Beck

14. MOTHER'S MAIDEN NAME

Elizabeth Trimble15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**?**

16. SOCIAL SECURITY NO.

NO?

17. INFORMANT

ADDRESS

Records- US Marine Hospital, Balto, Md.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Hodgkin's disease, generalized**

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH**6 mos.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Malnutrition, severe

(C)

?

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Apr. 29** 19 **50**, to **May 24**, 19 **50**, that I last saw the deceased alive on **May 24** 19 **50**, and that death occurred at **12:15A** m., from the causes and on the date stated above.

23A. SIGNATURE

D.W. Patrick, Medical Officer in Charge

23B. ADDRESS

US Marine Hospital, Balto, Md.

23C. DATE SIGNED

5/24/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/26/50

24C. NAME OF CEMETERY OR CREMATORY

St. Paul Cem

24D. LOCATION (City, town, or county)

Hart Co.

(State)

Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 24 1950**William Wells****William Wells****Chestertown****44B md**

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

0431

11-1-50

MOOREHEAD

STATE OF ARIZONA

17

11-1-50

18

STATE OF ARIZONA

MOOREHEAD

UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

11

STATE OF ARIZONA

MOOREHEAD

UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

STATE OF ARIZONA

19

UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

STATE OF ARIZONA

MOOREHEAD

UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

STATE OF ARIZONA

MOOREHEAD

F-430
50 879Sipio Floyd.
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4679

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Floyd, Sipio

2. DATE
OF
DEATH

5/22/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 16-03

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

901 Fulton Ave.

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 16, 1895

9. AGE (In years last birthday)

54 yrs.

11 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Construction Work

11. BIRTHPLACE (State or foreign country)

South Carolina

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Andrew Floyd

14. MOTHER'S MAIDEN NAME

Lucy?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

Hospital Record

ADDRESS

1514 Division

18.

159X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Generalized Carcinomatosis, Unknown

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

Unknown

19A. DATE OF OPERATION

5/12/50

19B. MAJOR FINDINGS OF OPERATION

Carcinomatous implants over all abdomen

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/26, 1950, to 5/21, 1950, that I last saw the deceased alive on 5/21, 1950, and that death occurred at 7:35 A.M., from the causes and on the date stated above.

23A. SIGNATURE

370m.p.

M.D.

23B. ADDRESS

Prov. Int. Hsp. 1514 Division

23C. DATE SIGNED

5/24/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-25-1950

24C. NAME OF CEMETERY OR CREMATORY

Bellevue Memorial, Baltimore Md.

24D. LOCATION (City, town, or county)

Baltimore

(State)

322

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington Williams, M.D.

25. FUNERAL DIRECTOR

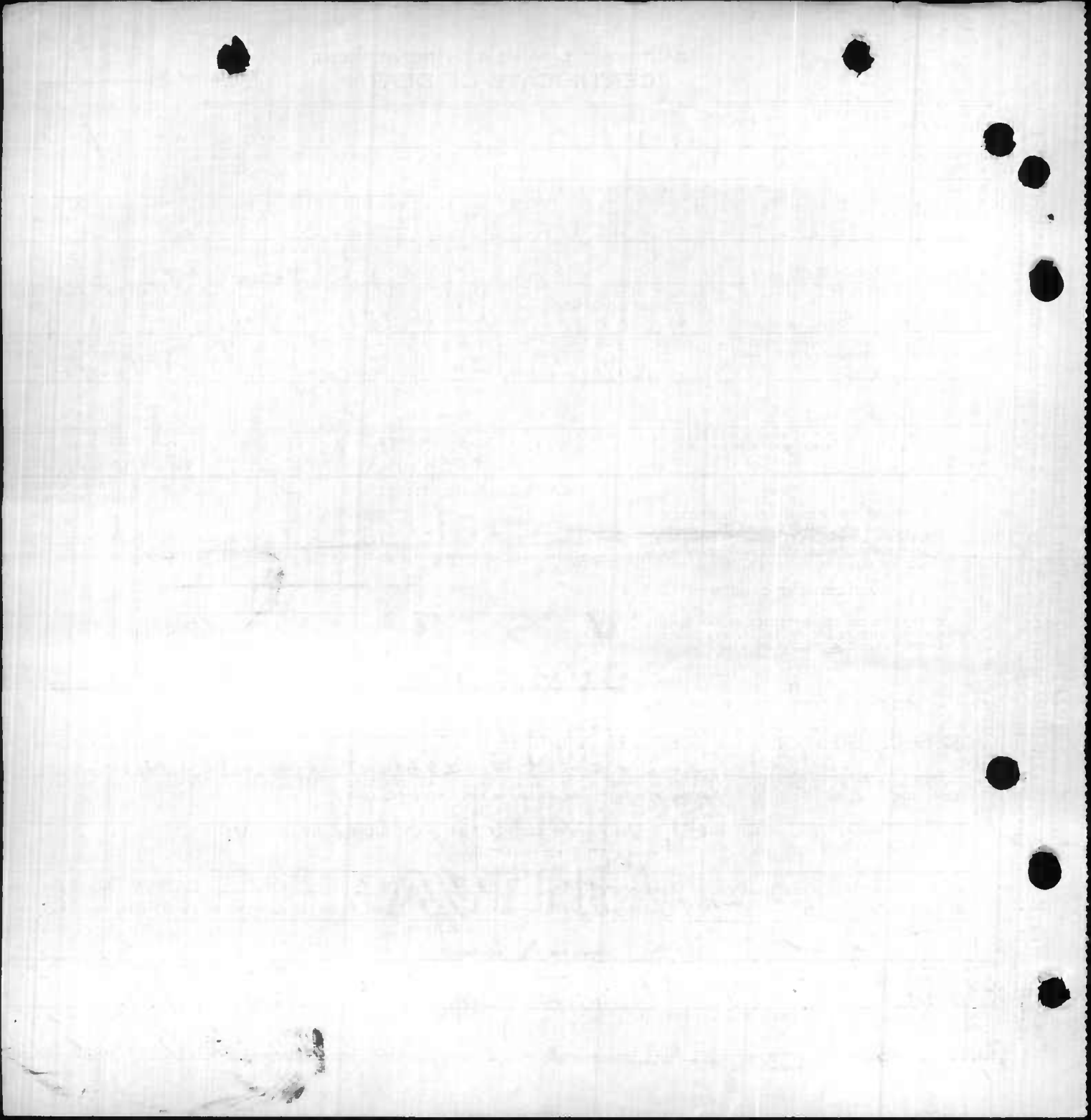
Mrs. Kate P. Williams, 914 Broadway

ADDRESS

MAY 24 1950
VS 150

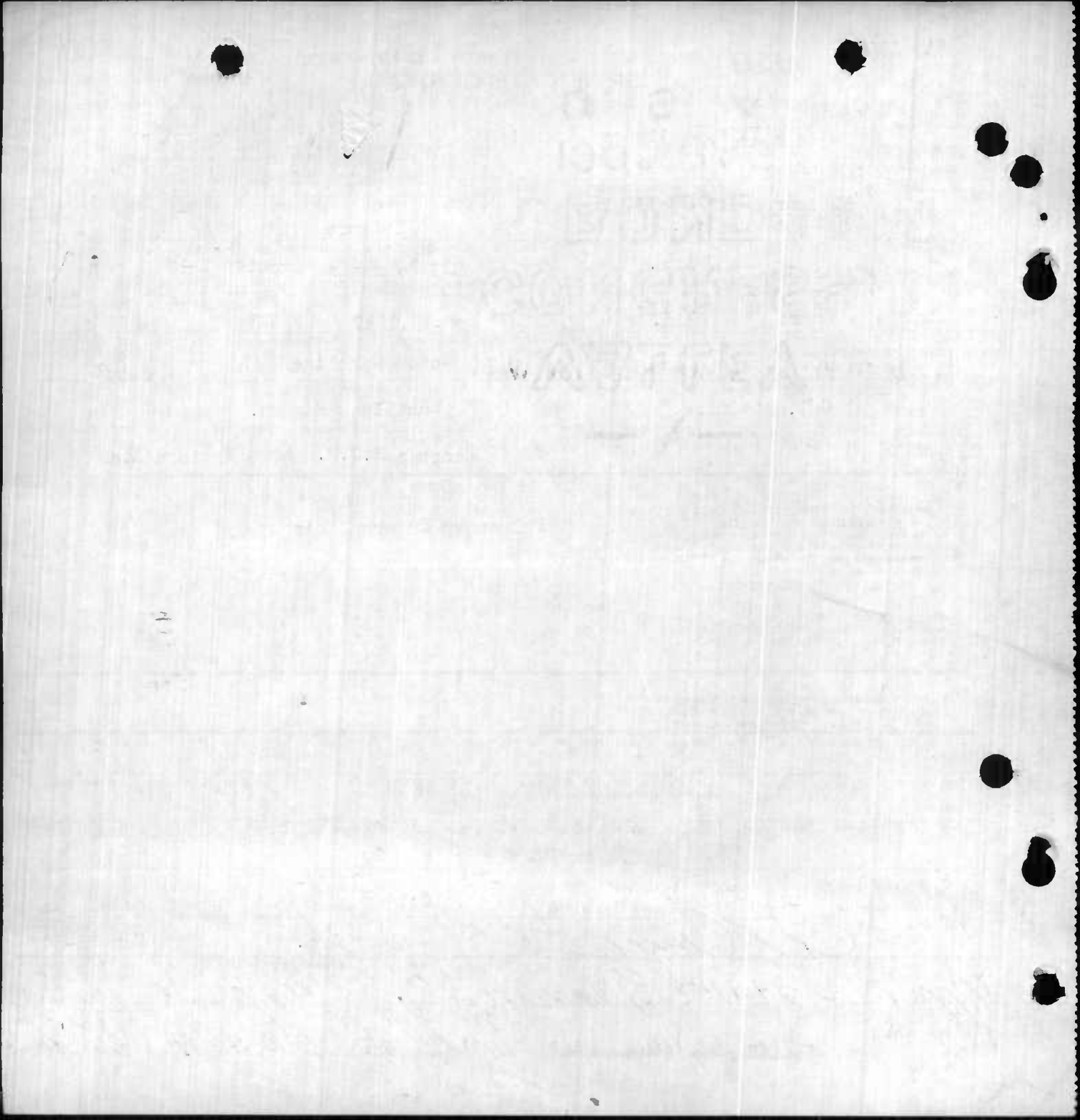
98819

46M



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-356 REA 133		4680		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		50 4680 Registered No.	
BIRTH NO.							
1. NAME OF DECEASED (Type or Print)				2. DATE OF DEATH			
Willie Lattimore				5-20-50			
3. PLACE OF DEATH:				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
A. Baltimore City, Maryland				A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Baltimore City Hospitals 4940 Eastern Ave.				Baltimore 17-02			
c. Length of stay in Baltimore 7 yrs.				D. STREET ADDRESS (If rural, give location) 523 Johnson Street Z 17			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	9. AGE (in years last birthday)	H Under 1 Year Months: Days	H Under 24 Hours Hours: Min.
Male	Negro	Wid.		Nov. 22, 1917	32		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Laborer		Construction Work		South Carolina		U.S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
Carl Lattimore				Lucille Johnson.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT		ADDRESS	
NO				Records B.C.H.		4940 Eastern Ave	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				CAUSE OF DEATH			
DUE TO				(A) Pulmonary Tuberculosis			
ANTECEDENT CAUSES				(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?	
0						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?			
		m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from 11-21, 19 49 to 5-20, 19 50 that I last saw the deceased alive on 5-20, 19 50 and that death occurred at 10:15 PM, from the causes and on the date stated above.							
23A. SIGNATURE				23B. ADDRESS		23C. DATE SIGNED	
P. S. Rogers M. D.				4940 Eastern Ave.		May 21-50	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Buried		5-24-1950		Greenville S. C.		Greenville S. C.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS	
MAY 24 1950		Huntington Williams, M.D.		Mrs. Robert Williams		322	
VS 150				988V9		13B	



B-650 4681

50 4681

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Clifton Wilbur Brown

2. DATE
OF
DEATH

May 22, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

00 1420 W. Mulberry

Md.
Balto.

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

1420 W. Mulberry St.

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 27, 1931

9. AGE (In years last birthday)

19

10. Under 1 Year

Months

Days

11. Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shoemaker Helper

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas Brown

14. MOTHER'S MAIDEN NAME

Viola Orange

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Milton Orange

ADDRESS 2113

Baltimore St.

18. 002X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Pulmonary Tuberculosis

INTERVAL BETWEEN ONSET AND DEATH

3 mos.

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 1, 1950, to May 22, 1950, that I last saw the deceased alive on May 21, 1950, and that death occurred at 11 A m., from the causes and on the date stated above.

23A. SIGNATURE

Jas. J. Julian Jr.

23B. ADDRESS

511 N. Schreder St., Baltimore Md.

23C. DATE SIGNED

5/24/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-25-1950

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem. Balto.

24D. LOCATION (City, town, or county) (State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. H. Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Marie R. Williams

ADDRESS 322

N. Schreder St.

MAY 24 1950

VS 150

49689

13B

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE IN FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

1990

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

33

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-4 1950 to 5-23, 1950, that I last saw the
deceased alive on 5-23, 1950, and that death occurred at 7:25 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

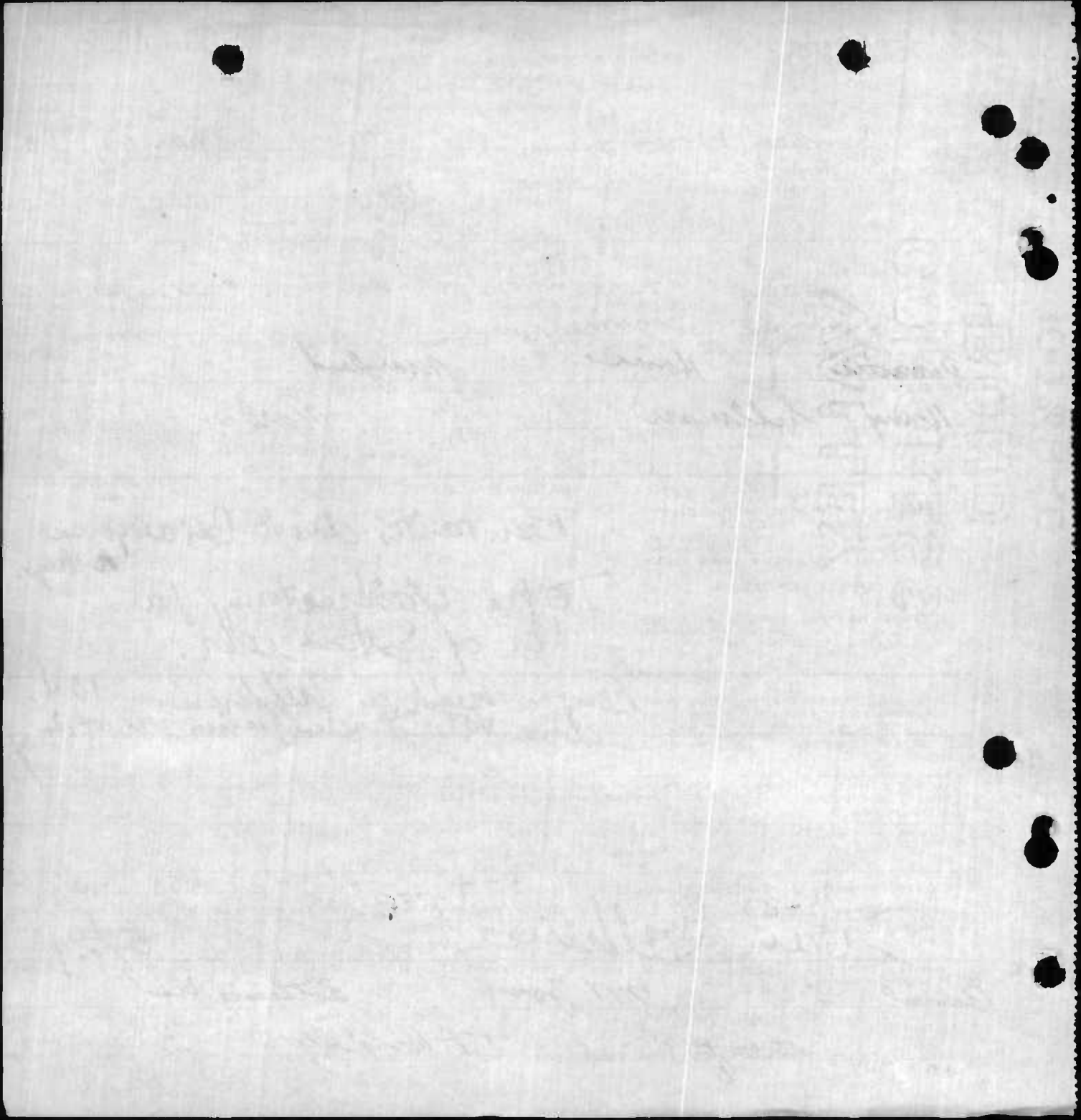
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 24 1950

46 B



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

G-650

50 4683

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4683
Registered No.

1. NAME OF DECEASED (Type or Print)		CREAMER TAYLOR GRAHAM		2. DATE OF DEATH May 24, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Dorchester	
B. FULL NAME OF HOSPITAL OR INSTITUTION US Marine Hospital Wyman Park Drive & 31st St.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cambridge 5913	
c. Length of stay in Baltimore 57 Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location)	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 9/22/79	9. AGE (In years last birthday) 70	10 Under 1 Year Months Days 11 Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired MATE		10B. KIND OF BUSINESS OR INDUSTRY Unknown SHIPPING		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John T. Graham			14. MOTHER'S MAIDEN NAME Nancy Webster		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. 217-14-8074		17. INFORMANT ADDRESS Records- US Marine Hospital, Balto, Md.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 151X I CAUSE OF DEATH (A) Infarction of ileum (6 feet) shock ? DUE TO Laparotomy 5/23/50 (B) Carcinoma stomach, penetrating pancreas and extensive abdominal metastases ? DUE TO (C) Arteriosclerotic heart disease 1 yr. ✓ INTERVAL BETWEEN ONSET AND DEATH II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 5/23/50		19B. MAJOR FINDINGS OF OPERATION Carcinoma of stomach with extensive metastases to liver & entire peritoneal cavity.			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 10, 1950, to May 24, 1950, that I last saw the deceased alive on May 24, 1950, and that death occurred at 10AM m., from the causes and on the date stated above.					
23A. SIGNATURE John L. Wilson, Medical Director M. D.			23B. ADDRESS US Marine Hospital, Balto, Md.		23C. DATE SIGNED 5/24/50
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/27/50	24C. NAME OF CEMETERY OR CREMATORY Dorchester Mem. Tk.		24D. LOCATION (City, town, or county) (State) Cambridge, Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 24 1950			25. FUNERAL DIRECTOR Kenneth R. Thomas		ADDRESS Cambridge, Md.

VS 150

13051

46B

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4684
Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Lewis E. Riley

2. DATE OF DEATH
May 23/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2532 W. Pratt St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

Anne Arundel

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Glenburnie A. A. Co. Md.

D. STREET ADDRESS (If rural, give location)

5200

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

June 5, 1876

9. AGE (In years, last birthday)

73

10 Under 1 Year 11 Under 24 Hours

Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Master Boiler Maker

10B. KIND OF BUSINESS OR INDUSTRY

U. S. Gov't

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

-----Riley

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Thomas J. Riley, 401 3rd Ave. Farmville Va.

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/1/50, to 5/23, 1950, that I last saw the deceased alive on 5/23, 1950, and that death occurred at 4 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Emendeleo M. D.

23B. ADDRESS

651 N Bentallon

23C. DATE SIGNED

5/24/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 26/50

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Pk.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 25 1950

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

Harry A. Witzke

ADDRESS

4101 Edmondson Ave

VS 150

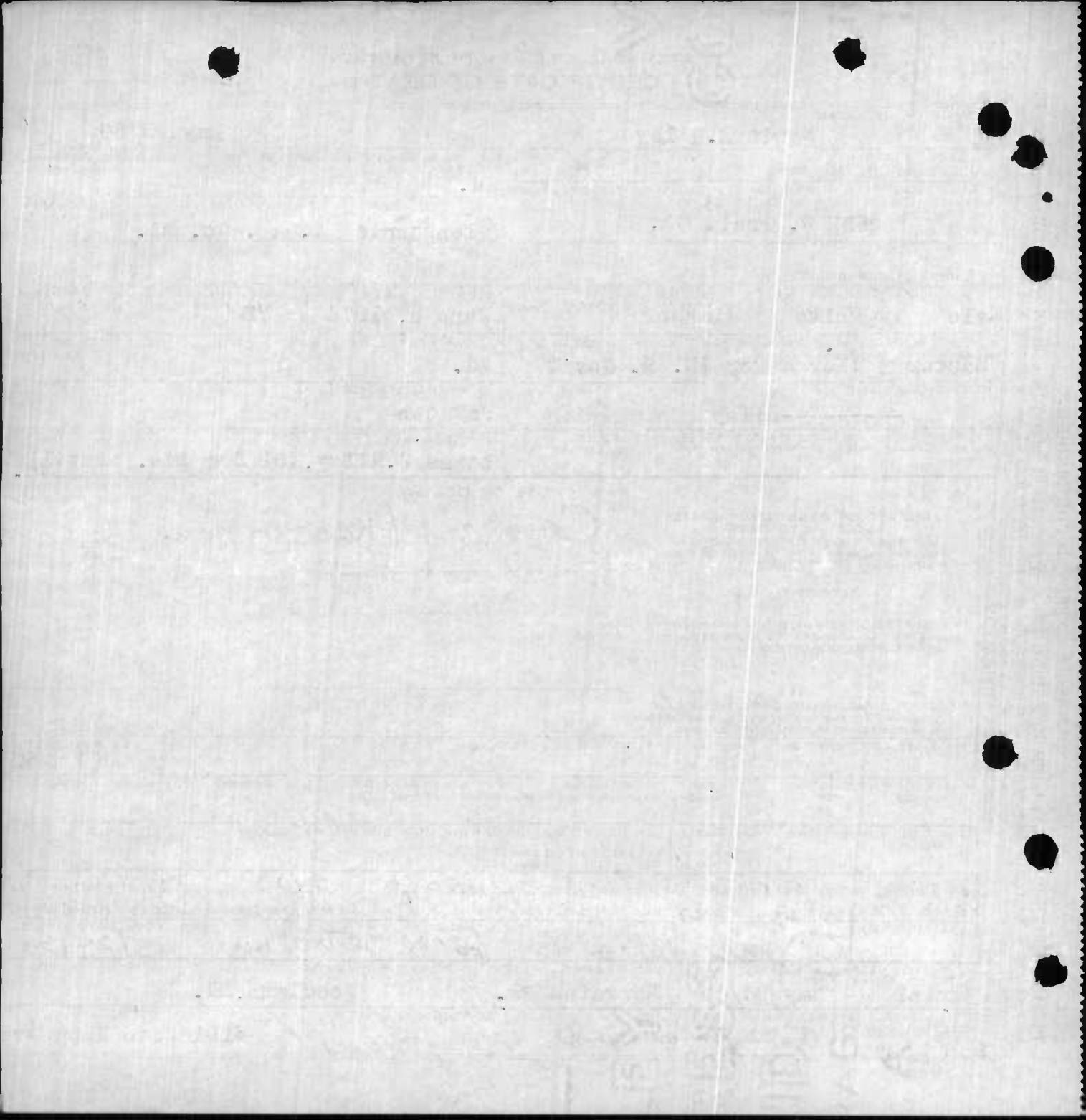
304 97

94a

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4685
Registered No. _____

BIRTH NO. _____

NAME OF DECEASED
(Type or Print)

Lucretia Grace Nine

2. DATE
OF
DEATH

May 22, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

406 Normandy Ave.

Baltimore

20-07

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

406 Normandy Ave.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Nov. 26, 1853

9. AGE (in years last birthday)

96

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Gosnell

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT (SON)

ADDRESS

Mr. Raymond Wells, 406 Normandy Ave.

18. 442X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Broncho-pneumonia

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Chronic Valvular heart disease

20 yrs.

(C) DUE TO

Arterio-sclerosis of ch. suplimts.

20 yrs.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1915 to May 22, 1950, that I last saw the deceased alive on May 22, 1950, and that death occurred at 2 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Geo. E. Wells

M. D.

23B. ADDRESS

4100 Edmondson Ave

23C. DATE SIGNED

5/23/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 25/50

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county) (State)

Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 25 1950

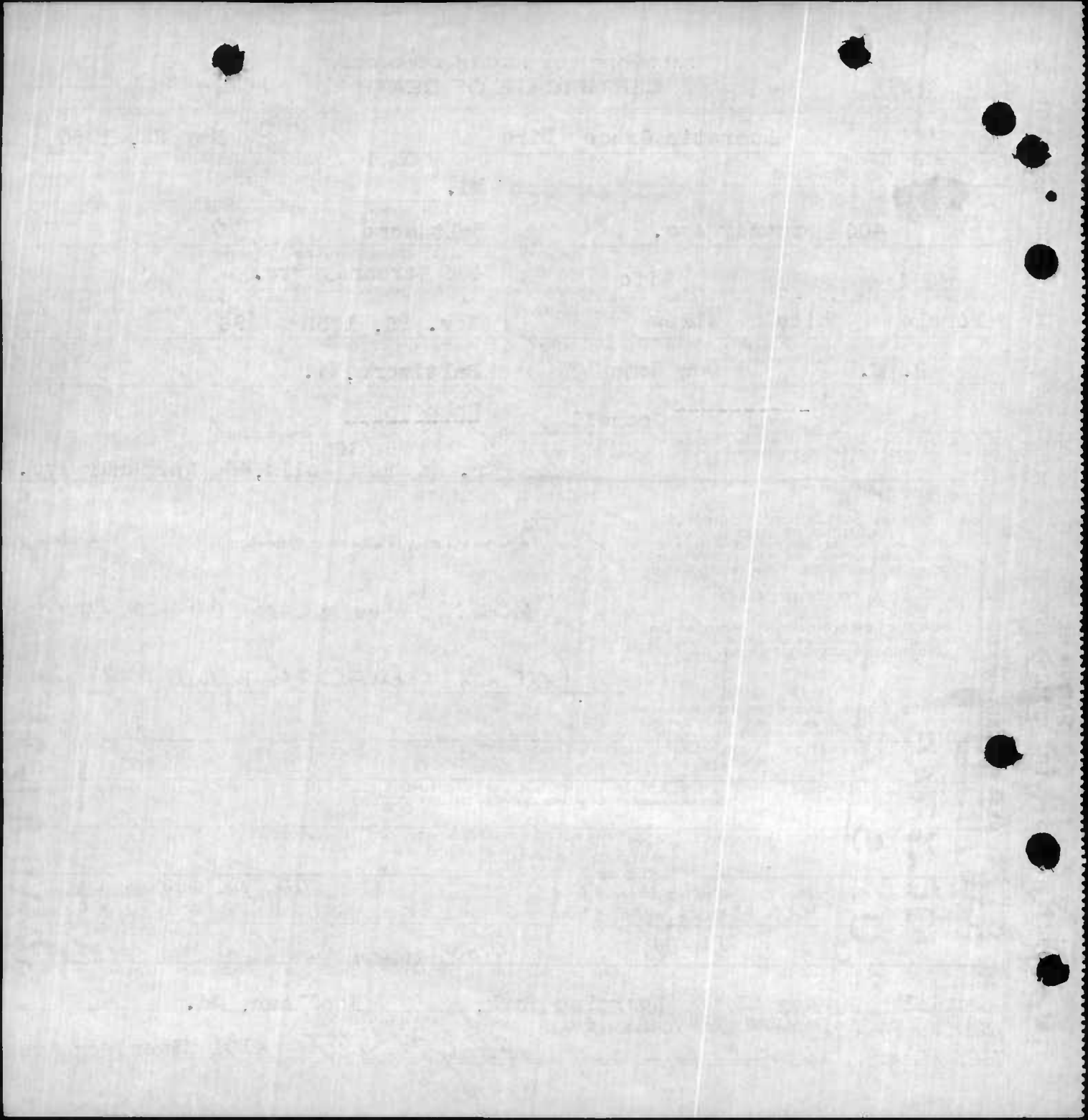
Harry H. Hutzke

4101 Edmondson Ave

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **50 4686**

BIRTH NO. **4686**

1. NAME OF DECEASED
(Type or Print) **RICHARD H. ZLOTKOWSKI**

2. DATE OF DEATH **May 18, 1950**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **N.J.** B. COUNTY **Y-22**

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Newark

Maryland Penitentiary

D. STREET ADDRESS (If rural, give location)
352 New York Ave

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
N.Y.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
Alexander Zlotkowski

14. MOTHER'S MAIDEN NAME
Clara (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT **162 Palisade Ave Jersey City**
Nolan Zlotkowski

18. **E981 X I**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Shotgun wound of chest and left leg**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
penitentiary

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Maryland State Penitentiary

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
May 18, 1950 ap. 11a.m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Shot by guard while trying to escape

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
May 18, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

5/25/50

Sacred Heart Cemetery

Balt. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 25 1950

Huntington Williams, M.D.

Wm Cook Inc. 1217 St. Paul St.

VS 151

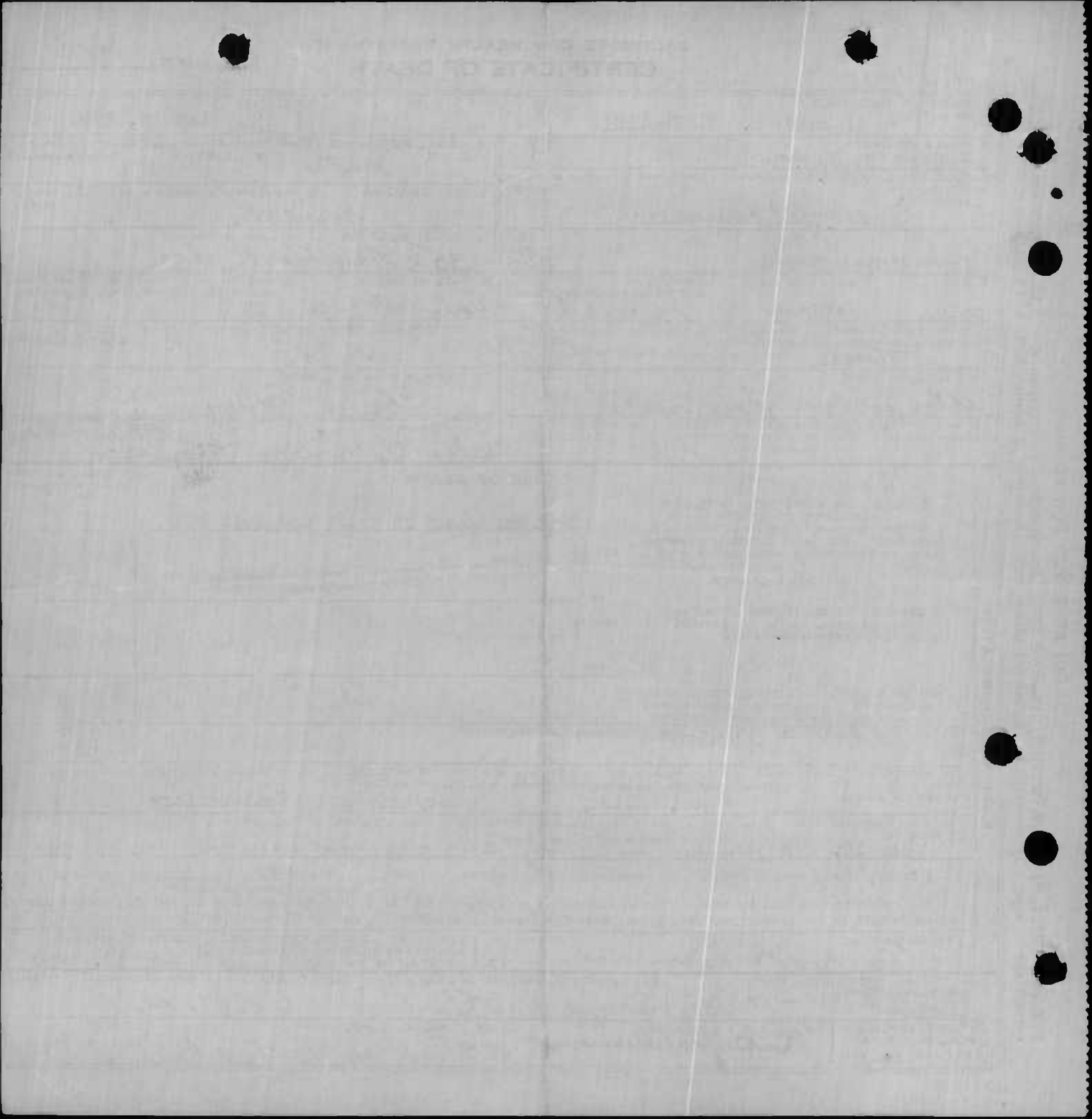
862.4

166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 4687

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alton Alston

2. DATE
OF
DEATH

5-23-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or INSTITUTION location)

Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1618 McCulloh St.

c. Length of stay in Baltimore 16 yrs.

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

April 22, 1933

9. AGE (In years last birthday)

17

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Student

10B. KIND OF BUSINESS OR INDUSTRY

School

11. BIRTHPLACE (State or foreign country)

N. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Step-father, Eugene Wilcox

14. MOTHER'S MAIDEN NAME

Ruth Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern ave.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bone Sarcoma & extension to Lung

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

March 22, 1950

19B. MAJOR FINDINGS OF OPERATION

Sarcoma of Vertebra

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-6-50, 19__, to May 23, 1950, that I last saw the deceased alive on May 23, 1950, and that death occurred at 8.50AM, from the causes and on the date stated above.

23A. SIGNATURE

W. C. H. Records

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

May 23, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 21-50

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24D. LOCATION (City, town, or county)

aaa co. md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 25 1950

REGISTRAR'S SIGNATURE

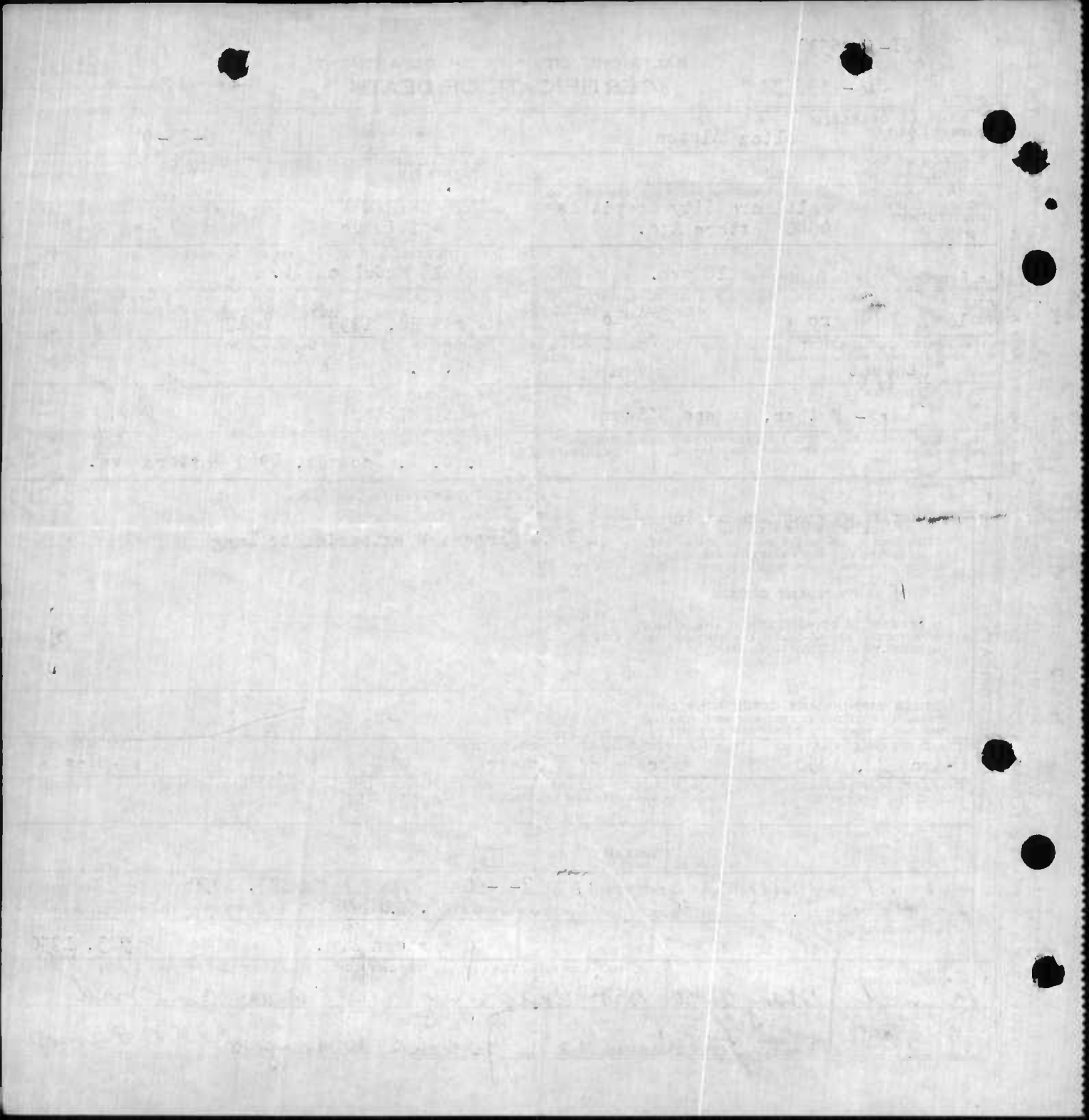
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

James Aschages

ADDRESS

638 N. 9th Ave



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2246

Zeigler

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4688

Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Ollie Zeigler

2. DATE
OF
DEATH

5/24/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived If institution: residence before admission)
A. STATE B. COUNTY

Balto. md.

B. FULL NAME OF HOSPITAL OR INSTITUTION
935 - Linden Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
11-04

c. Length of stay in Baltimore
00 Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
935 Linden Ave.

5. SEX

F.

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
W.

8. DATE OF BIRTH

? ? 1887

9. AGE (in years last birthday)

63

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Greensboro N.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Madison Davis

14. MOTHER'S MAIDEN NAME

Annies ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no or unknown)

no none

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Richard Zeigler

ADDRESS

935 Linden Ave.

18. 334X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Apoplexy -

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

24 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension

DUE TO

1 yr

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/22/1950 to 5/24/1950 that I last saw the deceased alive on 5/23/1950 and that death occurred at 8:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John H. Williams

M. D.

23B. ADDRESS

450 W. Biddle St

23C. DATE SIGNED

5/24/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Buried

24B. DATE

5/27/50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county) (State)

Ador Hill Ave.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 25 1950

REGISTRAR'S SIGNATURE

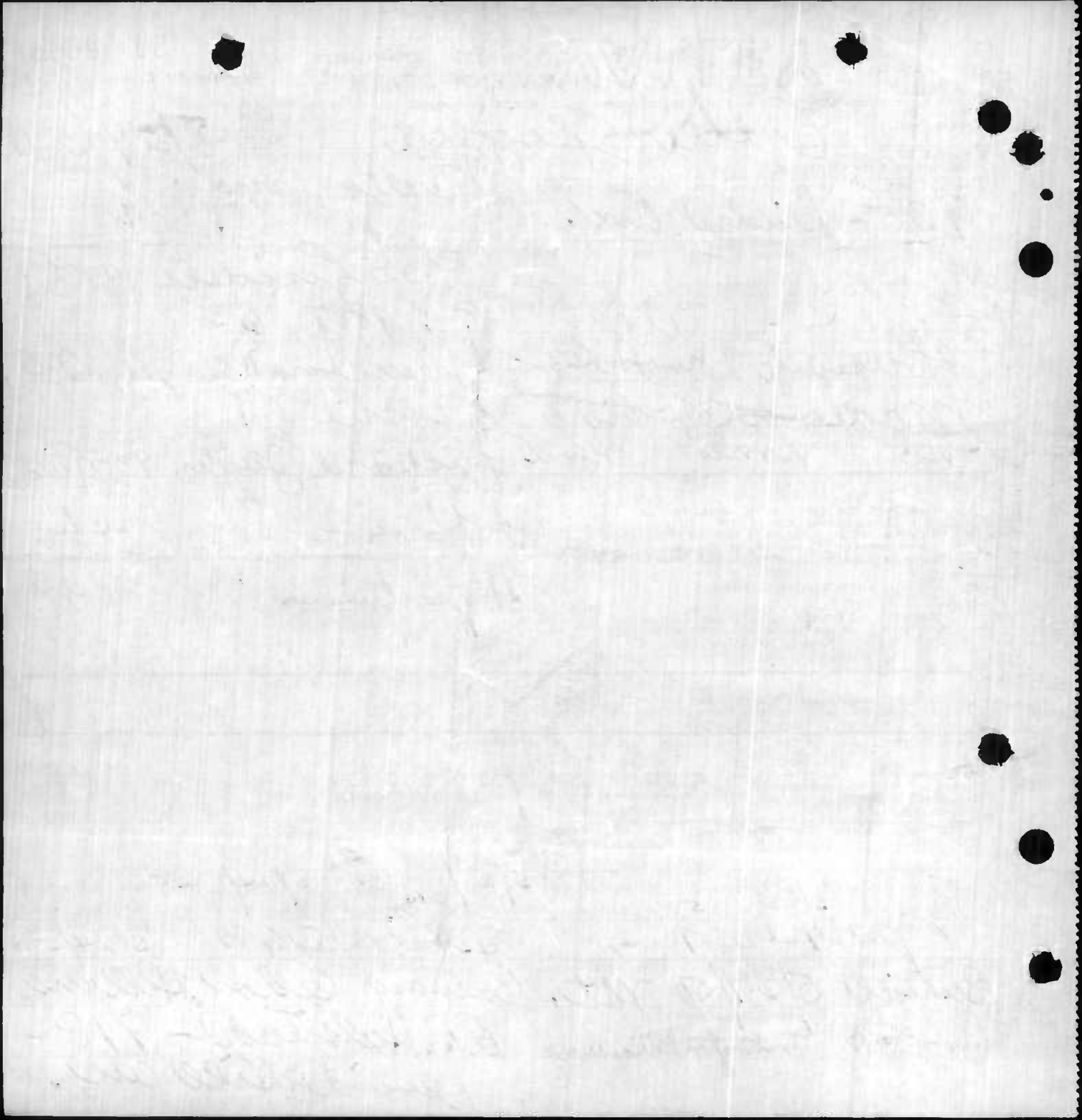
John H. Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Halstead - 918 -

ADDRESS

Ador Hill Ave.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4689
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

IDA BLAU STEIN

2. DATE
OF
DEATH

5-24-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

SINAI HOSPITAL 8 BALTIMORE

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

1519 Keestertown Road

c. Length of stay in Baltimore

50

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

B. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

75

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Adah

14. MOTHER'S MAIDEN NAME

Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Daniel Parrow 2909 Key worth Ave

18.

591X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

UREMIA

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

LOWER NEPHRON NEPHROSIS

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

ACUTE FULMINATING PERITONITIS

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 5-21, 1950, to 5-24, 1950 that I last saw the
deceased alive on 5-24, 1950, and that death occurred at 10⁴⁵ pm., from the causes and on the date stated above.

23A. SIGNATURE

Arnold H. Michael

M. D.

23B. ADDRESS

SINAI HOSPITAL 8 BALTIMORE

23C. DATE SIGNED

5-24-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5-25-50

24C. NAME OF CEMETERY OR CREMATORY

Guai Israel

24D. LOCATION (City, town, or county)

Balto

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

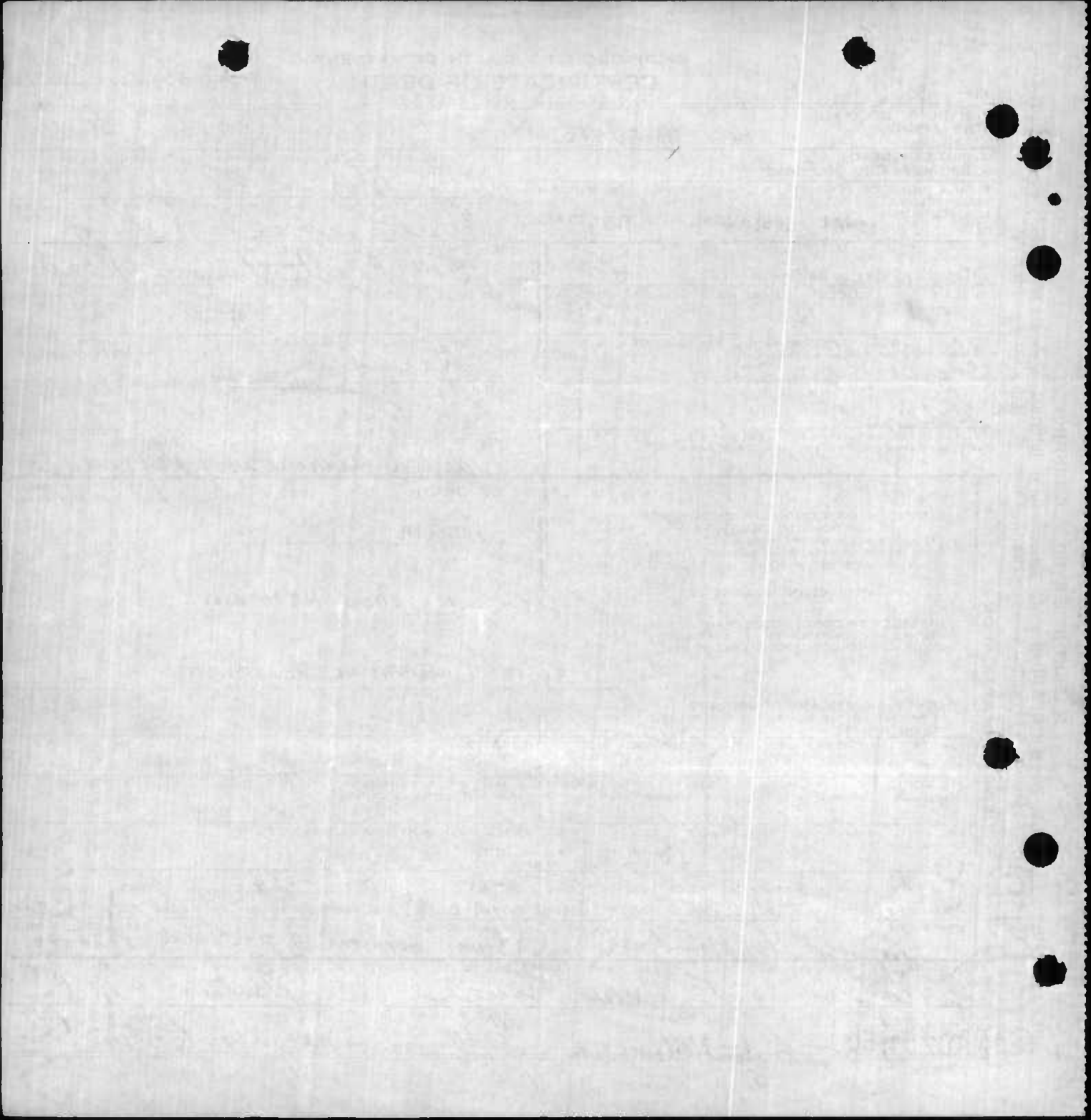
REGISTRAR'S SIGNATURE

Lorington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis Inc 2100 Canton Pl



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4690

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Norwitz, Rose

2. DATE
OF
DEATH

May 24, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

47 Women's Hospital

C. Length of stay in Baltimore

unknown

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Balto City

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City

D. STREET ADDRESS (If rural, give location)

3000 Brighton St

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Nov. 5, 1895

9. AGE (In years last birthday)

54 50

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

U.S.G.

13. FATHER'S NAME

Borah Hymowitz

14. MOTHER'S MAIDEN NAME

Rosa Glassman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

-

17. INFORMANT

Self

ADDRESS

18.

154X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Carcinoma of rectum with metastases*

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

May 16, 1950

19B. MAJOR FINDINGS OF OPERATION

Induration rectum & bladder. Implants over most of small bowel

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May 3, 1950*, to *May 24, 1950*, that I last saw the deceased alive on *May 24, 1950*, and that death occurred at *2:15 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Eben P. Bennett

M.O.

23B. ADDRESS

Women's Hospital Balto

23C. DATE SIGNED

5/24/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

5/25/1950

24C. NAME OF CEMETERY OR CREMATORY

Beth Tephah

24D. LOCATION (City, town, or county)

Balto.

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis Inc. - 2100 Eutaw Pl

MAY 25 1950

VS 150

46D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATION

MEDIC

CERTIFICATE OF DEATH

DATE

TIME

PLACE

CAUSE

MANNER

AGE

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

RESIDENCE

BIRTH

DEATH

INTERVIEW

TESTIMONY

VERIFICATION

SIGNATURE

WITNESS

NOTARY

CLERK

REGISTRAR

DEPUTY

ASSISTANT

CLERK

REGISTRAR

DEPUTY

ASSISTANT

CLERK

REGISTRAR

DEPUTY

ASSISTANT

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4691
Registered No.

BIRTH NO. 50 4691

NAME OF DECEASED
(Type or Print)

Estelle MOORE JOHNSON

2. DATE OF DEATH May 23, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 22-02

C. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)
618 W. Conway St.

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
M

8. DATE OF BIRTH

7/24/1924

9. AGE (In years last birthday)

25

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Domestic

10B. KIND OF BUSINESS OR INDUSTRY
At Home

11. BIRTHPLACE (State or foreign country)
Camden, S.C.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Arthur P. Moore

14. MOTHER'S MAIDEN NAME

Minnie Richardson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Aaron Johnson 618 W. Conway St.

18. 138.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Sarcoidosis, generalized

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley S. Decker M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR

23C. DATE SIGNED May 23, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/28/50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 23 1950

REGISTRAR'S SIGNATURE

Winington Williams, M.D.

25. FUNERAL DIRECTOR

Joseph A. Ridge

ADDRESS

661 W. Barra St

STATE OF NEW YORK
DEPARTMENT OF HEALTH

IN SENATE
January 12, 1910.
REPORT
OF THE
COMMISSIONER OF HEALTH
FOR THE YEAR 1909.
ALBANY:
J. B. LIPPINCOTT & CO.,
PRINTERS.
1910.

ALBANY:
J. B. LIPPINCOTT & CO.,
PRINTERS.
1910.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4692

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Rebecca Bechhofer

2. DATE
OF
DEATH

May 24, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Balto, Md.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. **Maryland** B. COUNTY _____

5. FULL NAME OF HOSPITAL OR INSTITUTION

Sheraton-Belvedere Hotel, Chase St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore, Md.

D. STREET ADDRESS (If rural, give location)
Sheraton-Belvedere Hotel Chase St.

6. Length of stay in Baltimore **Life**

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Jan. 14, 1860

9. AGE (In years last birthday)

90

10. Under 1 Year Months: Days

4

10

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Martin Straus

14. MOTHER'S MAIDEN NAME

Babbitt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS **Ave. Alexander Hamburger 7311 Pk. Heights**

18. **420.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Bronchopneumonia**

Six (6) days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Arteriosclerotic heart disease**

24 yrs

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) **Coronary artery sclerosis, symptoms 24 yrs**

Generalized arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **October, 1913** to **May 24, 1950**; that I last saw the deceased alive on **May 23, 1950**, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

Louis P. Hamburger

M. D.

23B. ADDRESS

1207 Eutaw Place

23C. DATE SIGNED

May 24 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

24B. DATE

May 25, 1950

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 25 1950

REGISTRAR'S SIGNATURE

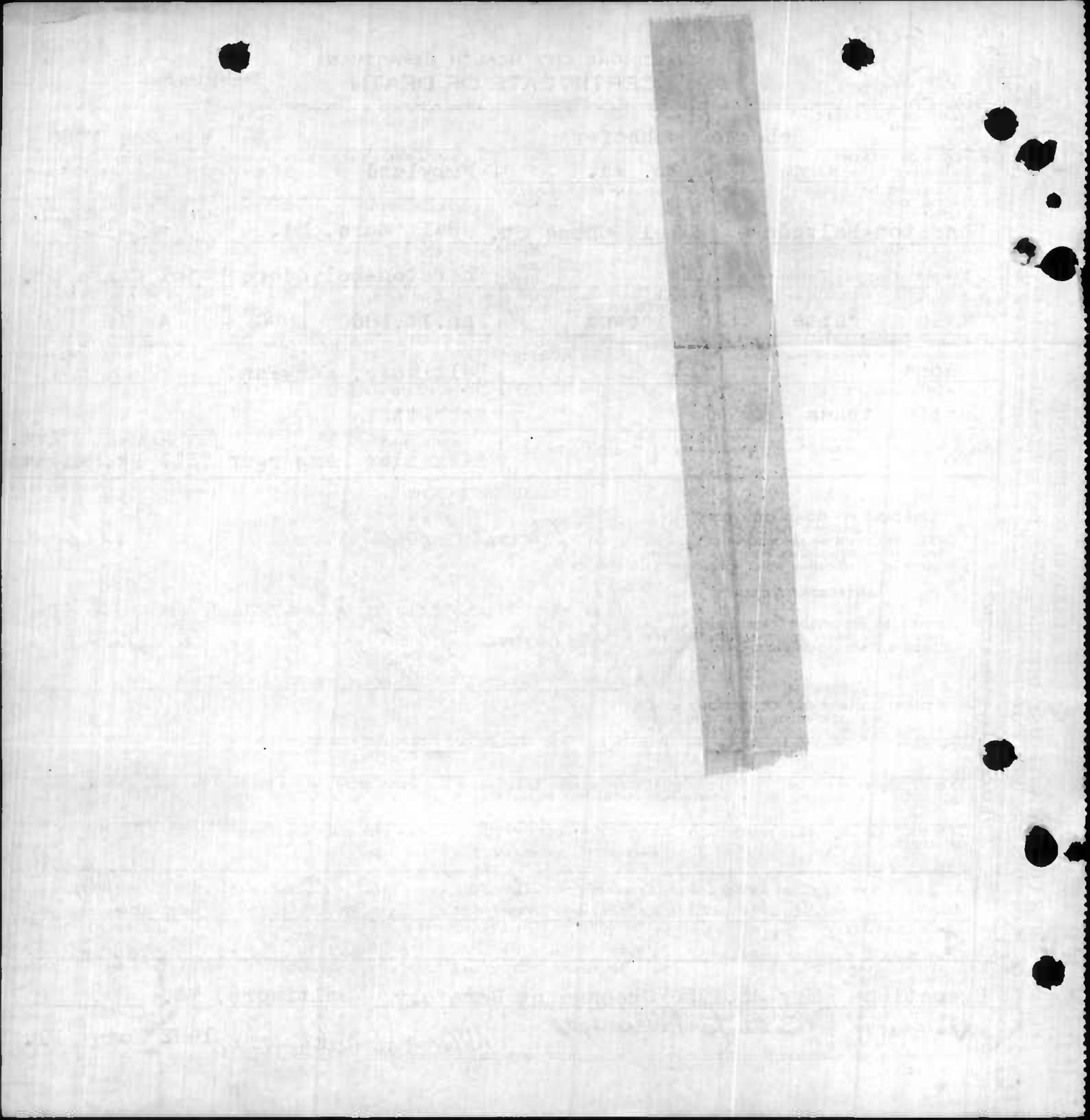
Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

Wardford & Sons

ADDRESS

1902 Eutaw Pl.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4693
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gertrude Bowers

2. DATE
OF
DEATH May 24 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

3304 Devonshire Drive

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A STATE
MARYLAND

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

41 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3304 Devonshire Drive

6. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 7 1900

9. AGE (In years,

last birthday)

49

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Isaac Greenstein

14. MOTHER'S MAIDEN NAME

Pearl Dubb

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS 3304
Jacob Bowers Devonshire Drive

18.

203X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Multiple Myeloma

INTERVAL BETWEEN
ONSET AND DEATH

7 months

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 2, 1949, to May 24, 1950, that I last saw the deceased alive on May 24, 1950, and that death occurred at 5:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Marcel Levin

23B. ADDRESS

4818 Reisterstown Rd

23C. DATE SIGNED

5/24/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 25, 1950

24C. NAME OF CEMETERY OR CREMATORY

Anshei Emunah Cong Cemetery Baltimore Md

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Lutington Williams, M.D.

25. FUNERAL DIRECTOR

Sol Lewinson + Bros

ADDRESS 1126 W

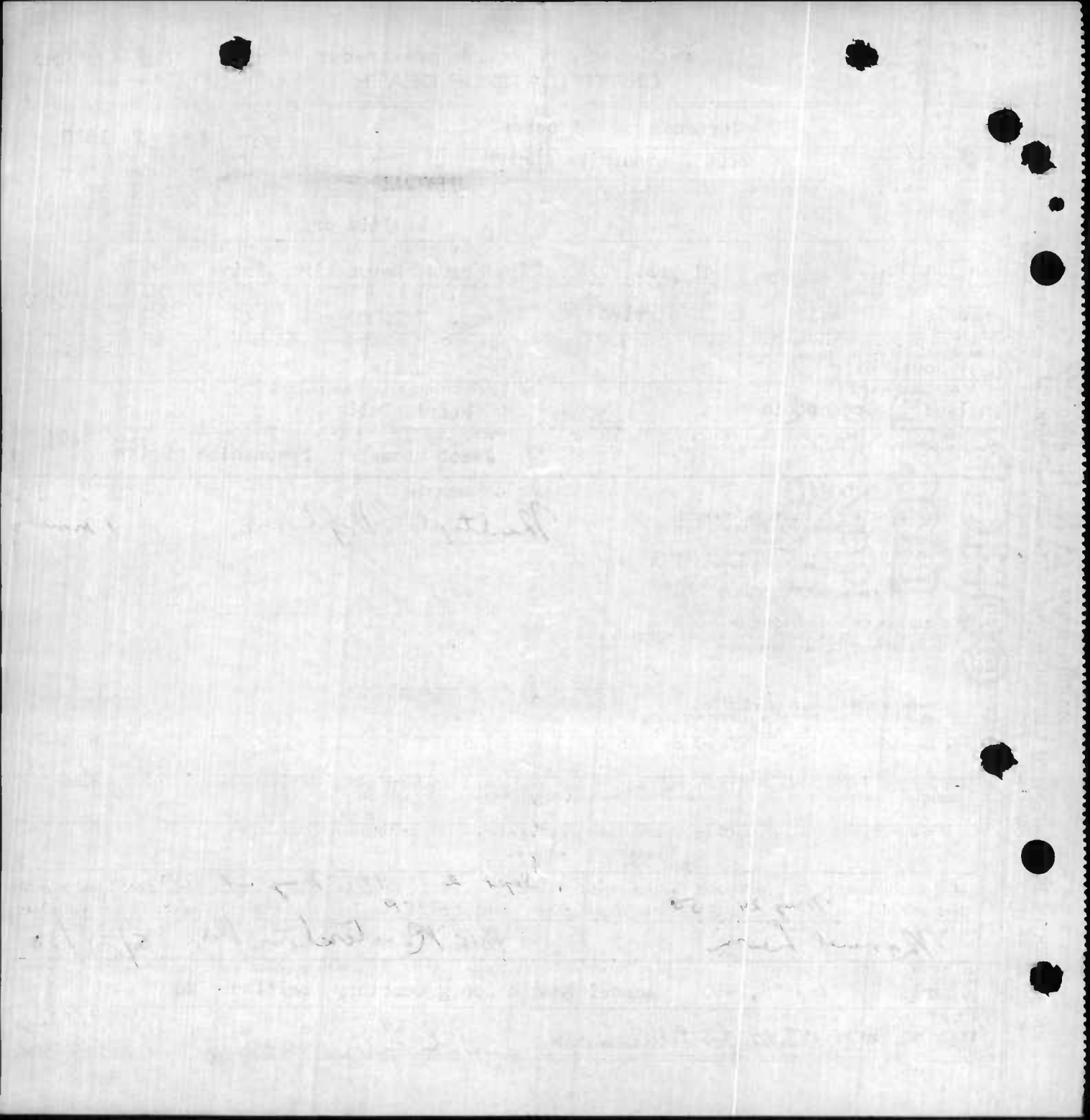
North Ave

VS 150

55E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4694

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARVEY W. NORTH

2. DATE
OF DEATH May 24, 19503. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3911 Dorchester Rd.

C. Length of stay in Baltimore

Life

5. SEX

M

W

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Feb. 15, 1874

9. AGE (in years
last birthday)

76

If Under 1 Year If Under 24 Hours
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Teacher

10B. KIND OF BUSINESS OR
INDUSTRY

Public School

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William H. North

14. MOTHER'S MAIDEN NAME

Mary Elizabeth Laughton.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

D

17. INFORMANT ADDRESS
Harvey W. North, 3911 Dorchester Rd.

18. E970-2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Barbiturate poisoning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Cerebral hemorrhage

Several
years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY
YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☒ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

3911 Dorchester Rd.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY
May 22, 1950 ? P m.21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☒

21F. HOW DID INJURY OCCUR?

Ingestion of barbiturate

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER
ASSISTANT MEDICAL EXAMINER23C. DATE SIGNED
May 24, 195024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 26-1950

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

T. J. B. 3224 1/2

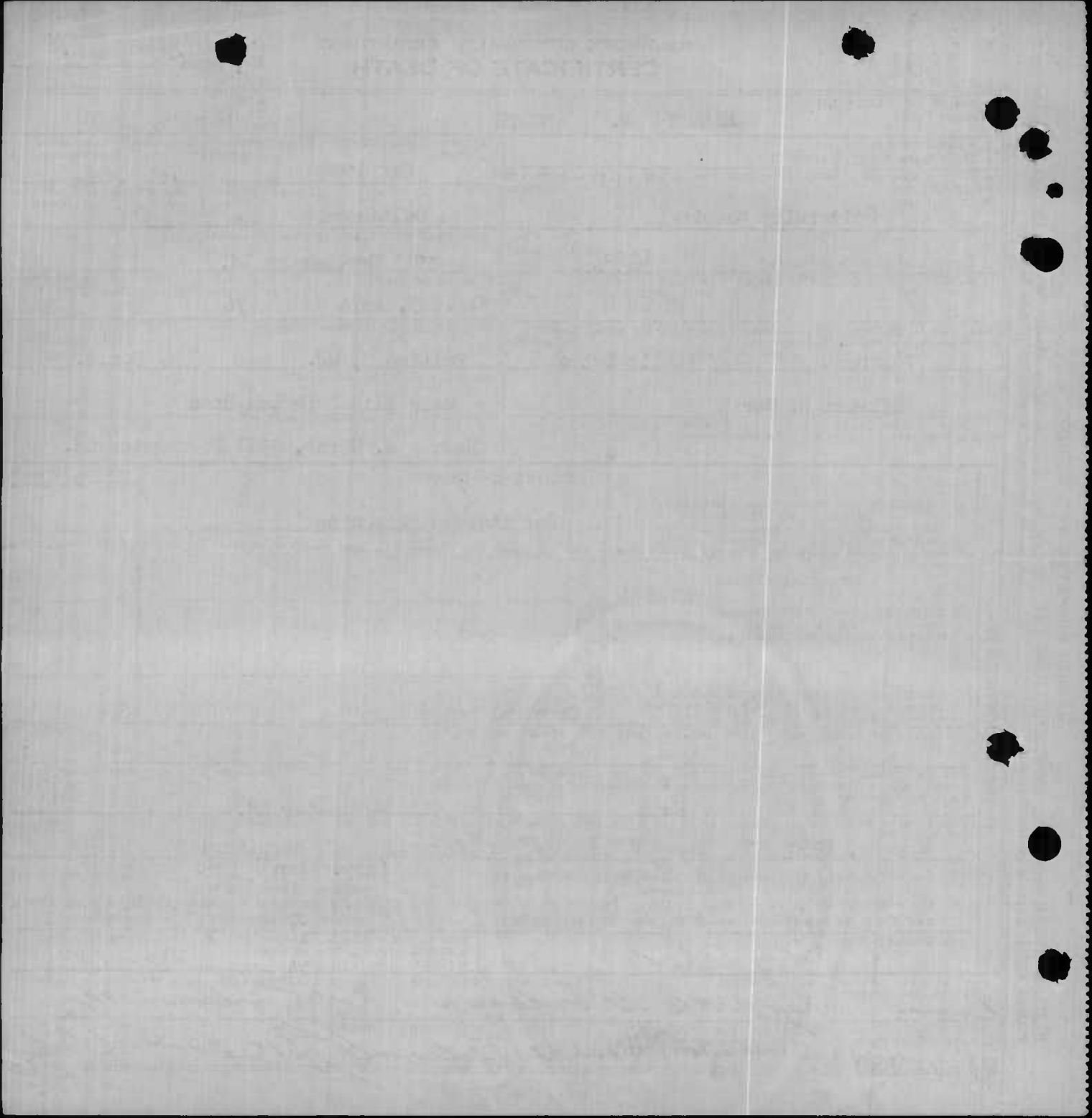
MAY 25 1950

VS 151

N-971

163B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



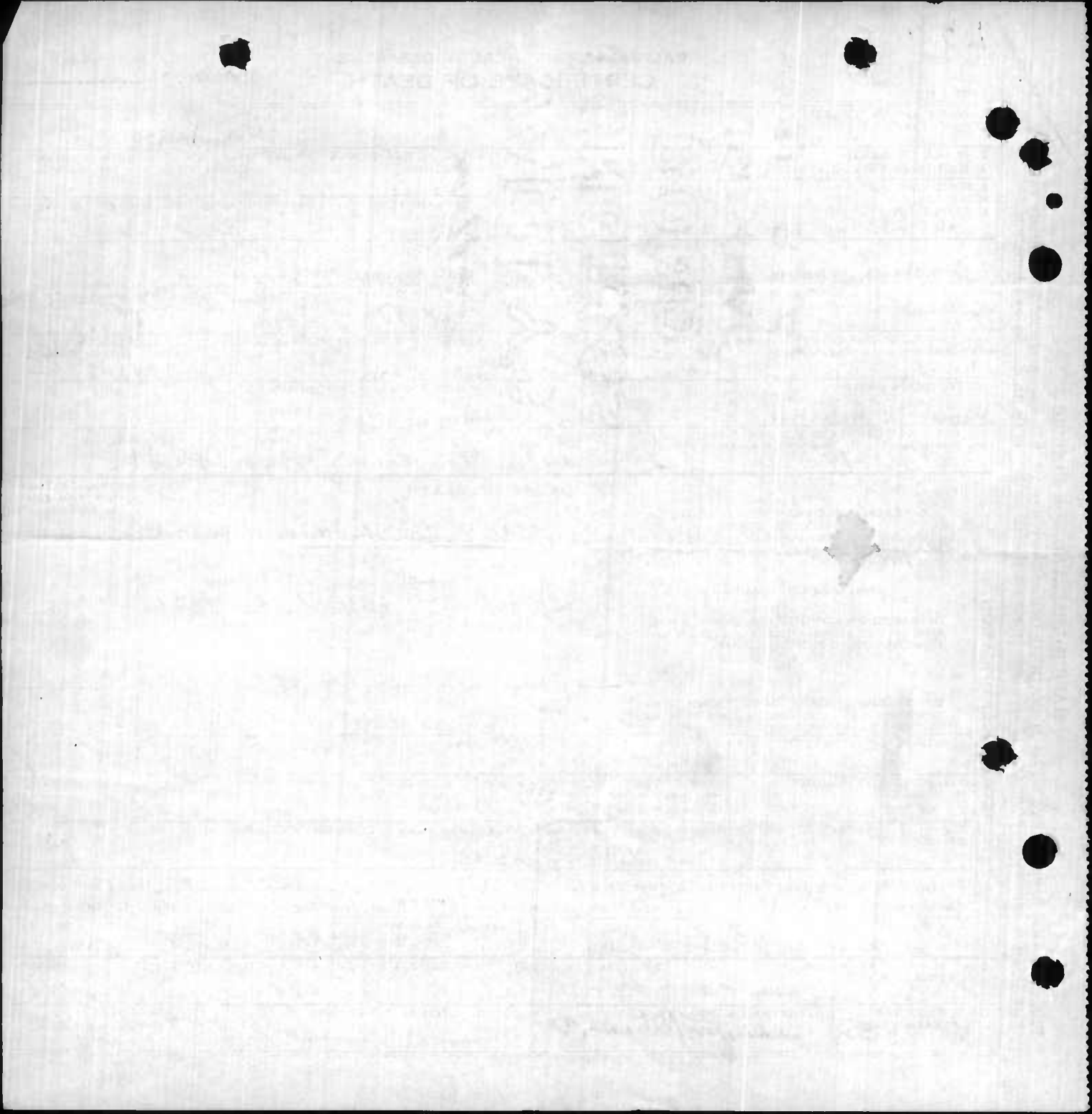
PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **50 4695**

 BIRTH NO. **50 4695**

1. NAME OF DECEASED (Type or Print) Herman Hochstedt			2. DATE OF DEATH 5/23/50		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 1 1/2 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3013 Glenmore Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5/31/80	9. AGE (In years last birthday) 69	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10B. KIND OF BUSINESS OR INDUSTRY Steamfitter Employee		
11. BIRTHPLACE (State or foreign country) Pennsylvania			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Herman W. Hochstedt			14. MOTHER'S MAIDEN NAME Minnie Cook		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. 212-63-3904		
17. INFORMANT Mrs. H. W. Hochstedt			ADDRESS		
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ARTERIO SCLEROTIC HEART DISEASE DUE TO GENERALIZED ARTERIO SCLEROSIS DUE TO CEREBRAL THROMBOSIS			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/20/50 , 19__, to 5/23/50 , 19__, that I last saw the deceased alive on 5/23/50 , 19__, and that death occurred at 5:50 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Samuel P. Scalia		23B. ADDRESS 1213 Light Street		23C. DATE SIGNED 5/23/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/26/50		24C. NAME OF CEMETERY OR CREMATORY Parkwood	
24D. LOCATION (City, town, or county) Balto.		24E. LOCATION (City, town, or county) Balto.		24F. LOCATION (City, town, or county) Id	
DATE RECEIVED BY LOCAL REGISTRAR MAY 25 1950		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Lorraine Funeral Home	
ADDRESS 7401 Belair Rd.					



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4696
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Julia Wilson Canoles

2. DATE
OF
DEATH

5/20/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland B. COUNTY Baltimore Co.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

White Marsh

D. STREET ADDRESS (If rural, give location)

Ebenezer Rd. 5300

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 12 1897

9. AGE (In years
last birthday)

52 yrs.

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George W. Wilson

14. MOTHER'S MAIDEN NAME

Jennie W. Booth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

James E. Canoles (Husband) Same

18. 443X1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Vascular accident

3 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive cardio-vascular disease

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from May 22, 1950 to May 25, 1950, that I last saw the
deceased alive on May 25, 1950, and that death occurred at 3:10 A.M., from the causes and on the date stated above.

23. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 25 1950

Thurston Williams, M.D.

Lambert Funeral Home

7401 Balair Rd.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

EDUCATION

INDUSTRY

MARRIAGE

DEATH

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

SEX

AGE

EDUCATION

INDUSTRY

MARRIAGE

DEATH

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

SEX

AGE

EDUCATION

INDUSTRY

T-262 CERTIFICATE CORRECTED

7-18-50

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4697

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM JOHN TJARKS

2. DATE
OF
DEATH

May 22, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Holiday & Fayette

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE

Hotel Armistead

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-15

D. STREET ADDRESS (If rural, give location)

5720 Ridgedale Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Divorced

8. DATE OF BIRTH

1888

9. AGE (In years last birthday)

62

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Manager

10B. KIND OF BUSINESS OR INDUSTRY

Hotel

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John C. Tjarks

14. MOTHER'S MAIDEN NAME

Christine Kratz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

?

17. INFORMANT

ADDRESS

Miss Marie T. Tjarks 5720 Ridgedale Rd.

18. 4200

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral edema

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

ethyl alcohol

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Arteriosclerotic heart disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT

NOT WHILE

WORK

AT WORK

22. I hereby certify that I attended the deceased from Mar, 1947 to May 22, 1950 that I last saw the deceased alive on May 22, 1950, and that death occurred at 7 P m., from the causes and on the date stated above.

23A. SIGNATURE

A. E. E. Leslie Leslie M. O.

23B. ADDRESS

1101 St Paul St

23C. DATE SIGNED

May 24, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-25-50

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 25 1950

REGISTRAR'S SIGNATURE

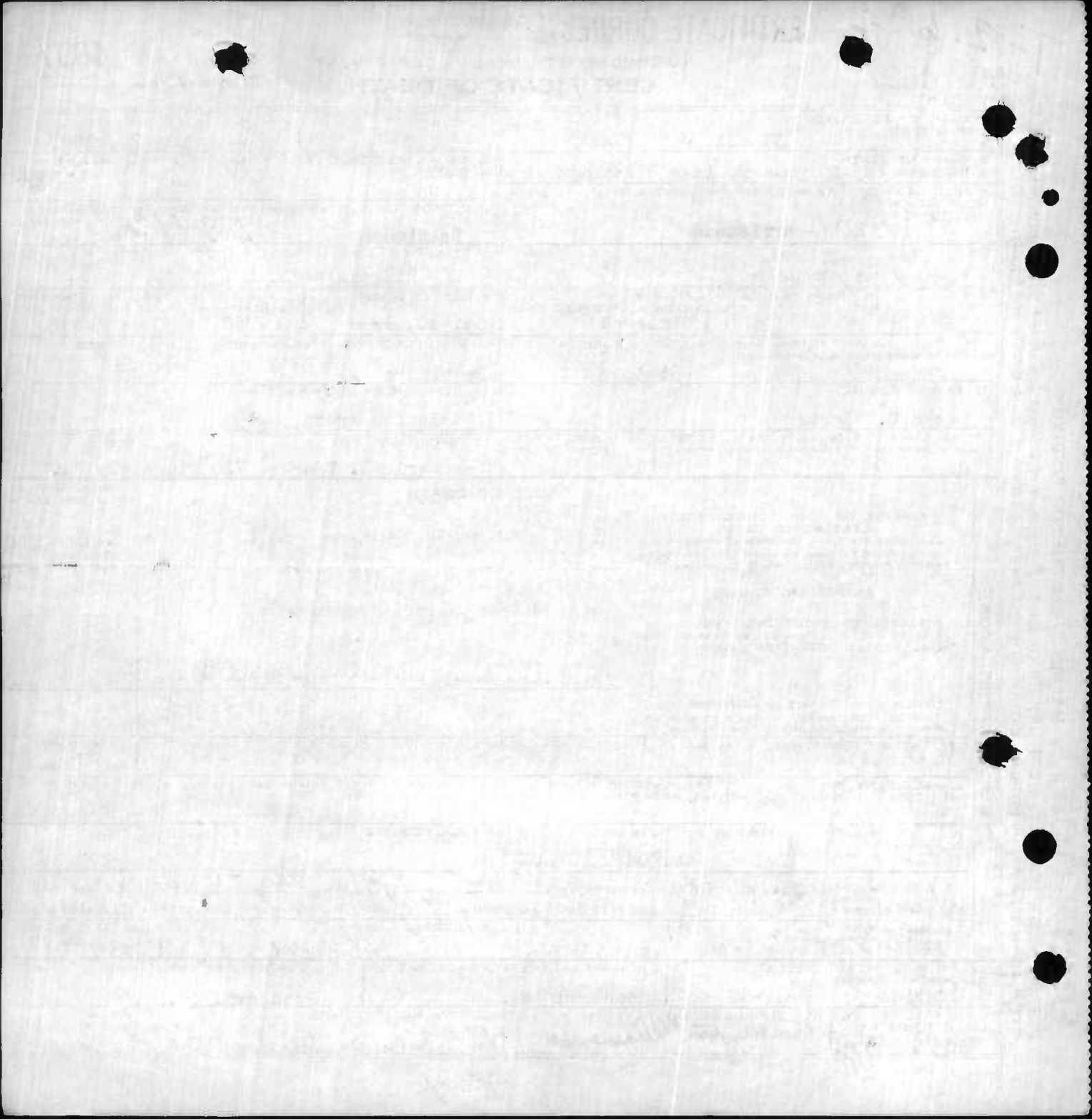
Christington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Tjarks & Sons Inc.

ADDRESS

Koch, Md. Ball's Md.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **50 4698**

BIRTH NO. **50 4698**

1. NAME OF DECEASED

Type or Print

J. HERMAN

STRATMANN

2. DATE
OF
DEATH

May 23, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

6828 Holabird Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

6/8/89

9. AGE (In years

last birthday)

60

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR INDUSTRY

Beth. Slip yard

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF

WHAT COUNTRY?

13. FATHER'S NAME

George Heinrich Stratmann

14. MOTHER'S MAIDEN NAME

Sophie D. Lange

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

J. Herman Stratmann, 6827 Holabird

18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Hypertensive heart disease**

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

H. J. McClafferty

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

May 24, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

May 27, 1950

Oak Lawn Cemetery

Baltimore Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

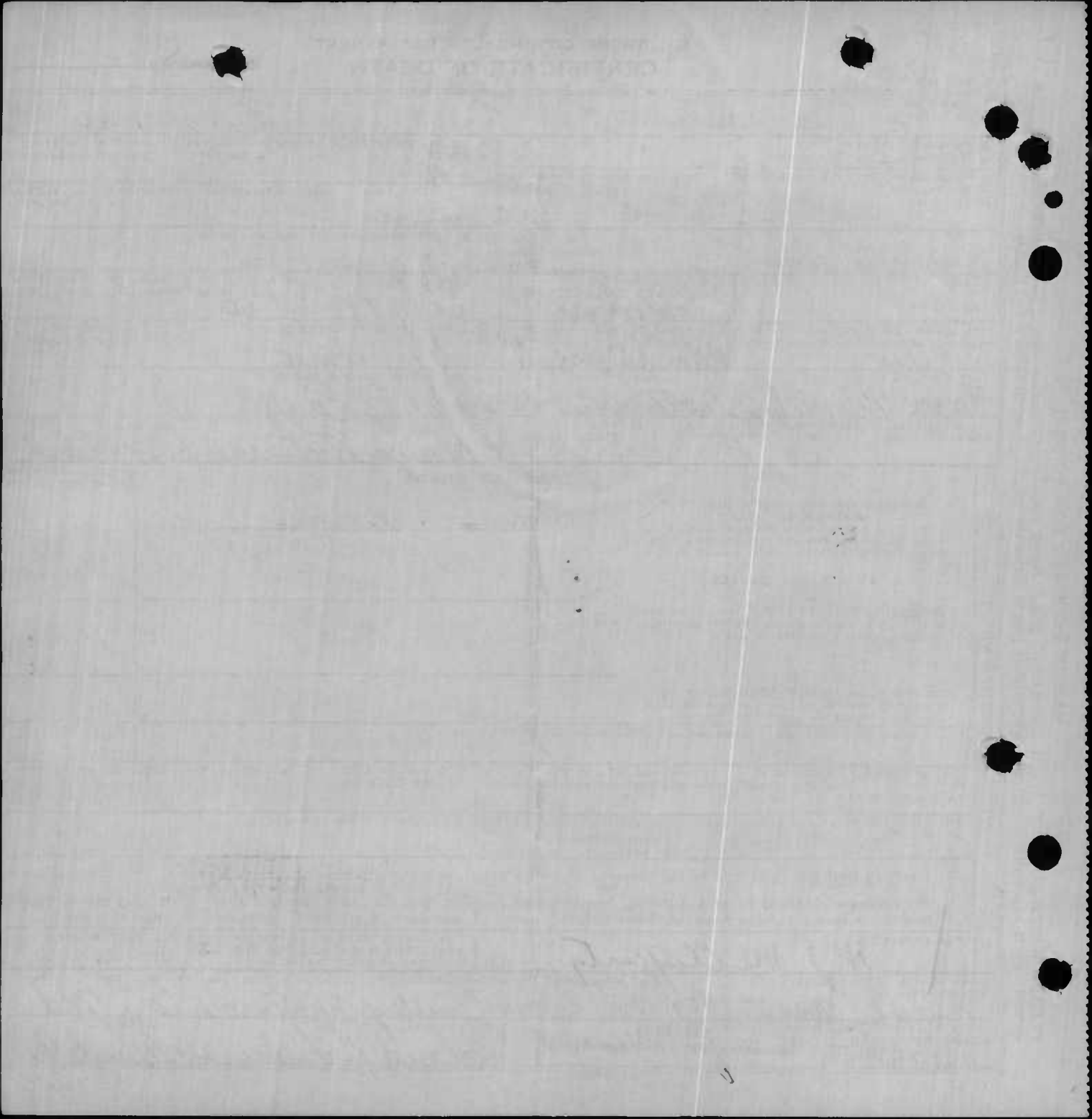
25. FUNERAL DIRECTOR

ADDRESS

MAY 25 1950

Huntington Williams, M.D.

Roland L. Fisher, 2112 Dundalk



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4699
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

LILLIAN

PROCTOR

2. DATE
OF
DEATH

May 22, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

7-05

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

837 Rutland Avenue

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Feb. 16, 1901

9. AGE (In years last birthday)

49

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mary None 1604 Johns St

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of breast

DOE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Paul L. Royer

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

5/23/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 26/50

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Fredrick Rd Md

DATE RECEIVED BY LOCAL REGISTRAR

MAY 25 1950

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

Mrs. Peter A. Elliott & Daughter

ADDRESS

50 1129 N. Caroline St

VS 151

77087

MARGIN RESERVED FOR BINDING
PLEASE, WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

UNITED STATES OF AMERICA
DEPARTMENT OF COMMERCE



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4700
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Henrietta E. Gibson

2. DATE
OF
DEATH

May 22 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION

1516 E Preston St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

8-07

D. STREET ADDRESS (If rural, give location)

1516 E. Preston St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 28, 1870

9. AGE (in years last birthday)

79 80

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

United States

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Elizabeth Hunt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Laura Marshall 1516 E Preston St.

18.

442X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *hypertensive cardio-renal disease (cardiac decompensation)*

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

? yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

aortic insufficiency (non-lentic)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *11-4-49*, to *5-22-50*, that I last saw the deceased alive on *5/19*, 1950, and that death occurred at *11 A. M.*, from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

23B. ADDRESS

123 E. Madison Ave. M. D.

23C. DATE SIGNED

5-24-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 25 1950

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Park

24D. LOCATION (City, town, or county)

Arbutus Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 25 1950

REGISTRAR'S SIGNATURE

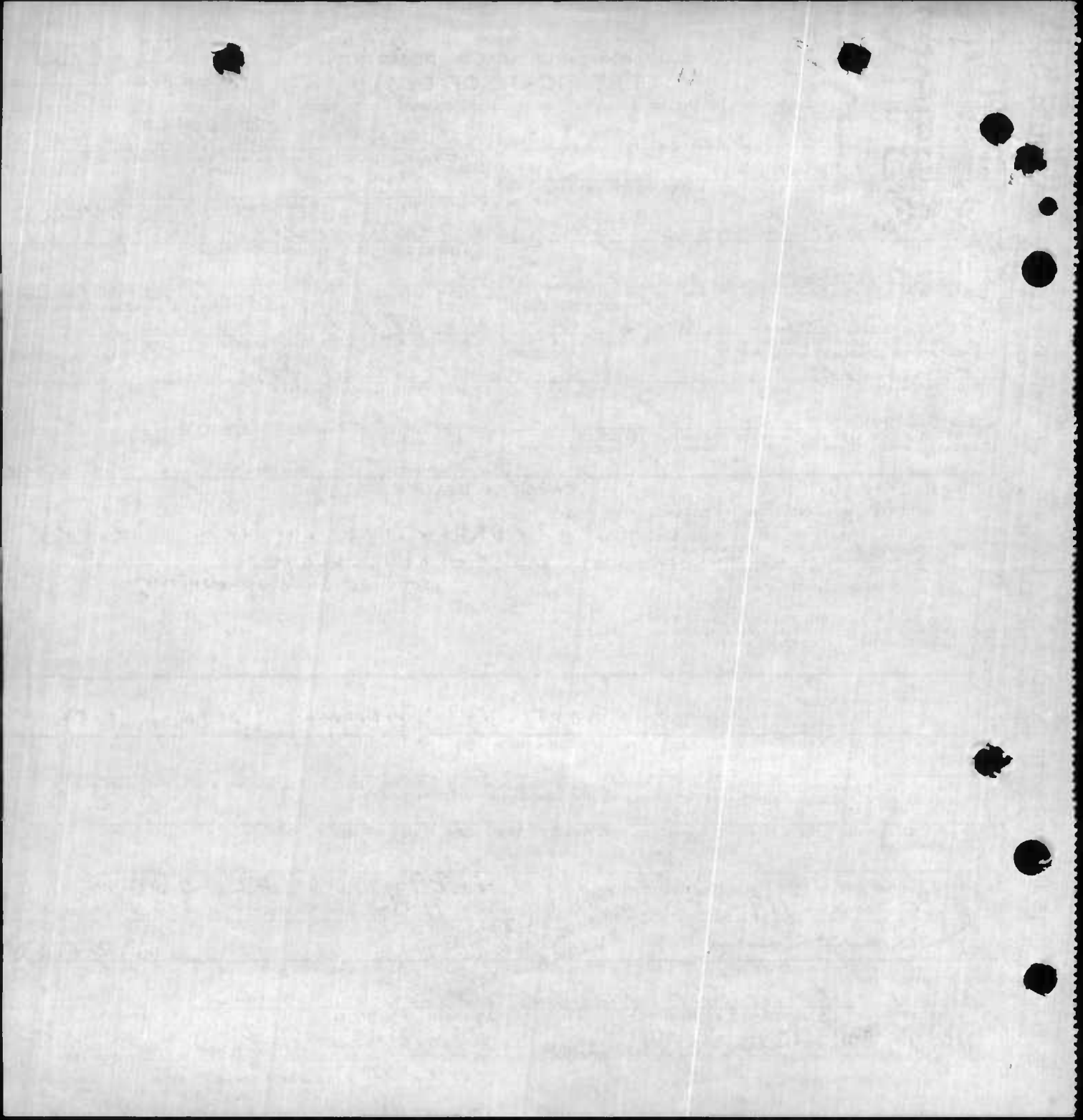
Thurston Williams, Jr.

25. FUNERAL DIRECTOR

Mrs. Robert G. Elliott, Daughter

ADDRESS

1124 N. Caroline St. 131a



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4701

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)CRAIG
Earl Hardy2. DATE
OF
DEATH

24 May 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

c. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-04B

D. STREET ADDRESS (If rural, give location)

5504 Carter Ave.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Oct. 30-1897

9. AGE (In years
last birthday)

52

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life even if retired)

Teacher Public

10B. KIND OF BUSINESS OR
INDUSTRY

School Balto

11. BIRTHPLACE (State or foreign country)

North Troy, UT.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frank Hardy

14. MOTHER'S MAIDEN NAME

Allie P Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary Hardy - 5504 Carter

18.

193X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Brain tumor

2 1/2 months

DUE TO

glioblastoma multiforme left temporal lobe

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

24 March 1950

19B. MAJOR FINDINGS OF OPERATION

glioblastoma multiforme left temporal lobe

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 March, 1950 to 24 May, 1950, that I last saw the deceased alive on 24 May, 1950, and that death occurred at 6:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Joseph A. Alvarez - de Chaudens

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

24 May 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/27/50

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park

24D. LOCATION (City, town, or county)

Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

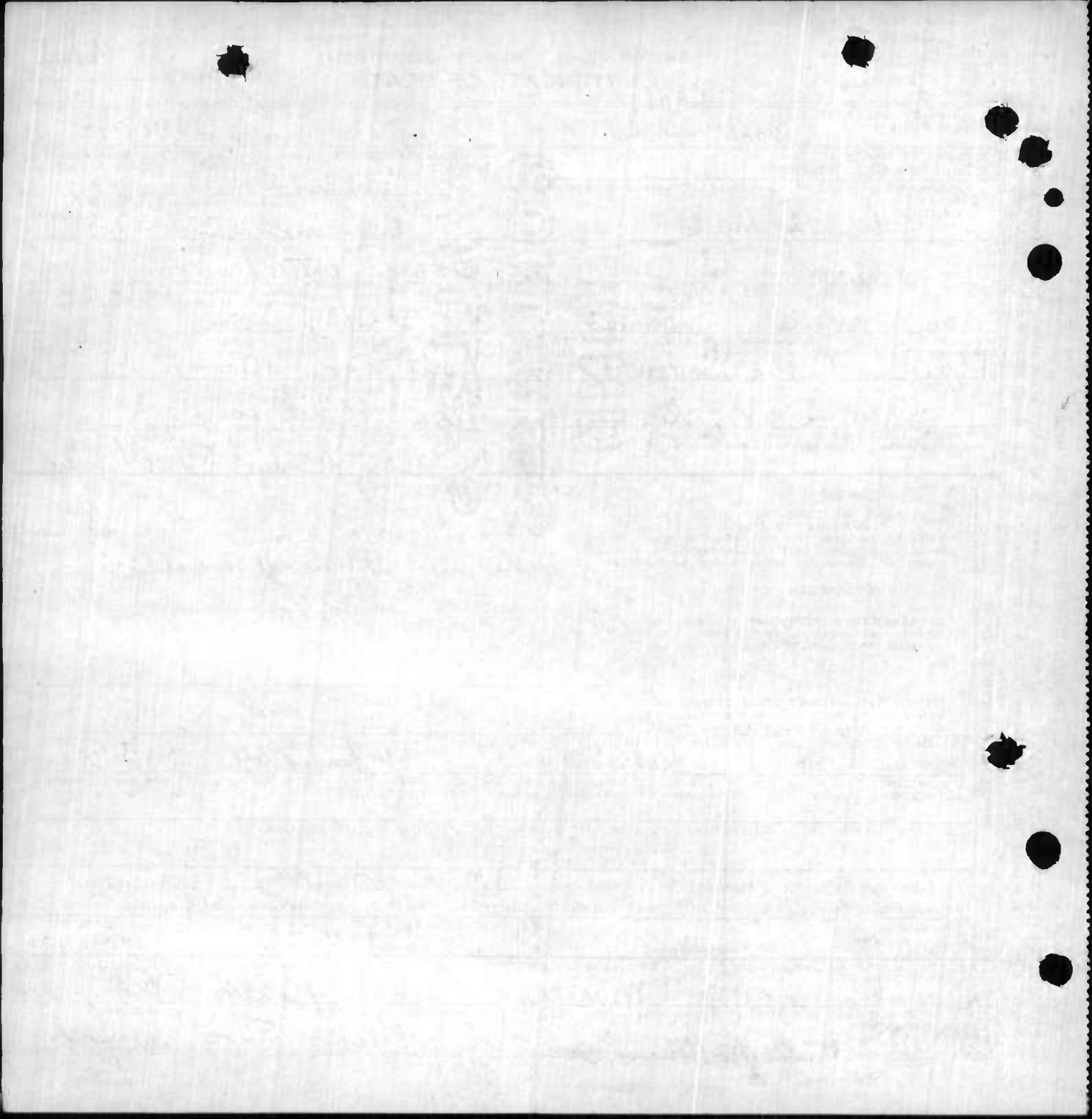
Huntington Williams

25. FUNERAL DIRECTOR

L. J. Ruck

ADDRESS

5305 Hayford



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4702

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

NORMAN

ANDREWS

2. DATE
OF
DEATH

May 23, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Provident Hospital

c. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1527 McCulloh Street

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 7, 1900

9. AGE (In years
last birthday)

49

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Waiter

10B. KIND OF BUSINESS OR
INDUSTRY

Public

11. BIRTHPLACE (State or foreign country)

Sumter, S.C.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

William T. Andrews

14. MOTHER'S MAIDEN NAME

Anna P. Lee

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

William T. Andrews

409 Edgemoor Ave
New York 30, NY

18.

490x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Lobar Pneumonia

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office hldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

H. J. Mc Clafferty

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

May 24, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/25/1950

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 25 1950

REGISTRAR'S SIGNATURE

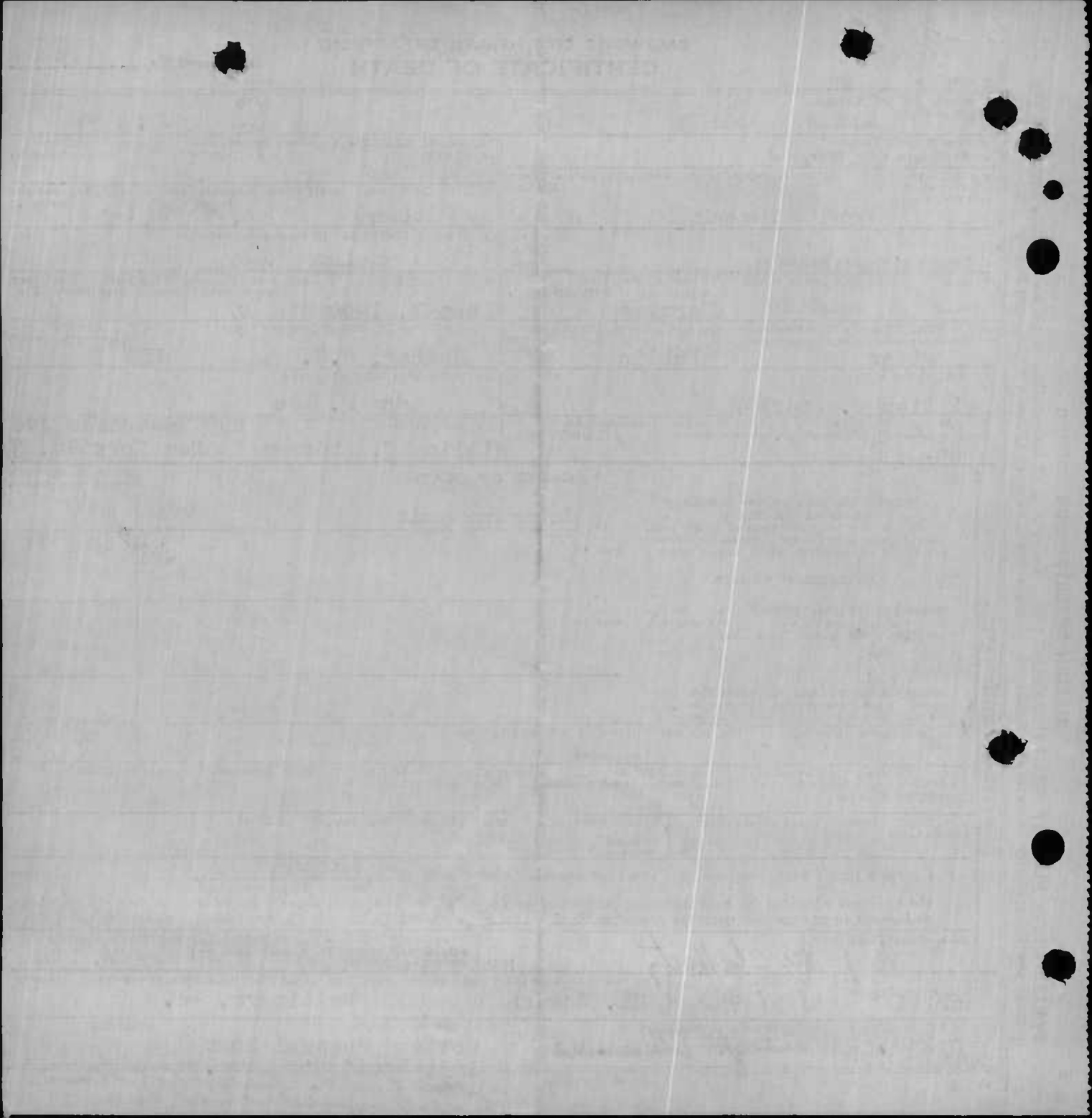
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Holland Funeral Home
1631 Druid Hill Ave.

ADDRESS

78071 Holland Funeral Home
1631 Druid Hill Ave.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4703

Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

Joseph C. Vallet

2. DATE

OF DEATH

5-24-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

860 W. Pratt St.

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Sep.

8. DATE OF BIRTH

Mar. 13, 1911

9. AGE (In years

last birthday)

39

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Waiter

10B. KIND OF BUSINESS OR INDUSTRY

Restaurant

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF

WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Adolph J. Vallet

14. MOTHER'S MARDEN NAME

Molly Flatman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Tuberculosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2-15-50, 19__, to May 24, 1950, that I last saw the deceased alive on May 24, 1950, and that death occurred at 6AM m., from the causes and on the date stated above.

23A. SIGNATURE

W. C. Cogan

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

5-24-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

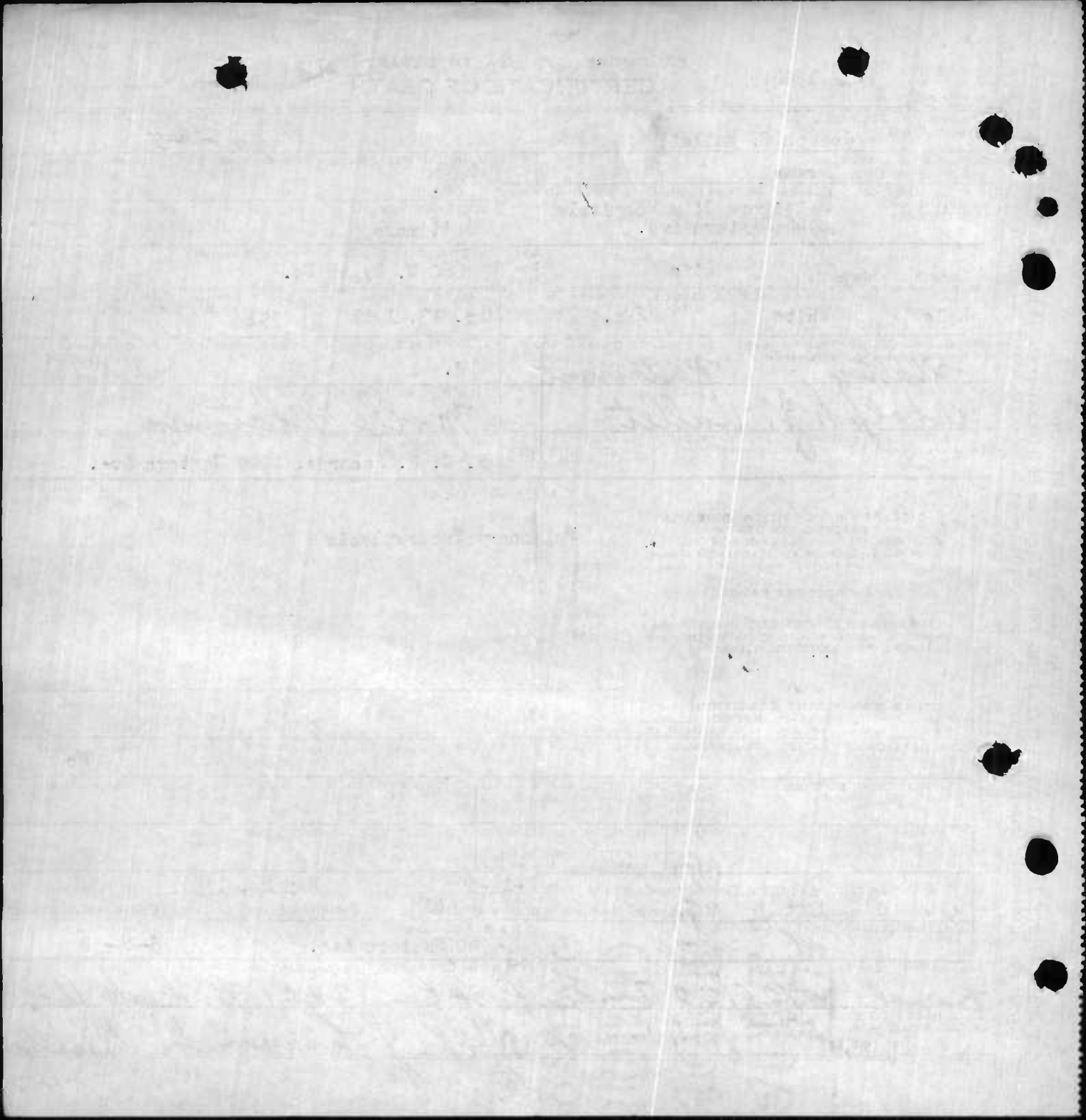
25. FUNERAL DIRECTOR

ADDRESS

MAY 25 1950

Huntington Williams, M.D.

John J. Chohan & Son, 1313 St.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) If Under 1 Year If Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

18. 753.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-22, 1950, to 5-24, 1950, that I last saw the deceased alive on 5-24, 1950, and that death occurred at 1040 B. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

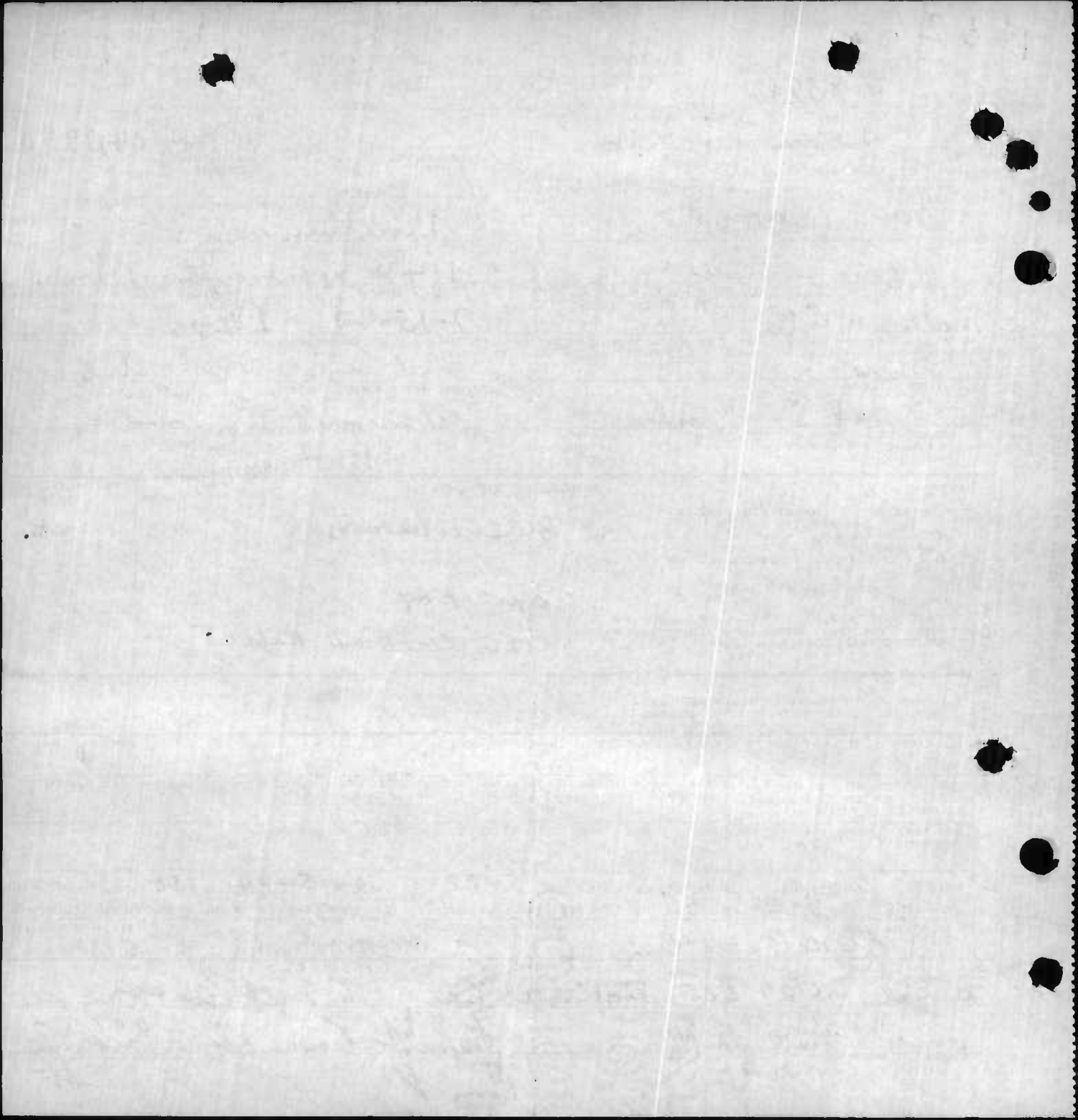
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4705
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THOMAS B. HOLFORD

2. DATE
OF
DEATH

May 23, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

June 7 1915

9. AGE (In years last birthday)

34

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Seaman

10B. KIND OF BUSINESS OR INDUSTRY

Shipping

11. BIRTHPLACE (State or foreign country)

Montrouge Miss

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Grover Holford

14. MOTHER'S MAIDEN NAME

Clara Knotts

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Clara MacIntyre Jackson Miss

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Stab wounds of abdomen and liver

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Peritoneal hemorrhage

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

rooming house

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

920 E. Baltimore Street

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

May 23, 1950 ?p. m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

stabbed in the chest

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

Stanley H. Decker M.D.

23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

23C. DATE SIGNED May 24, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/27/50

24C. NAME OF CEMETERY OR CREMATORY

Lakewood Mem. Pl.

24D. LOCATION (City, town, or county)

Jackson Miss.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

William J. Tucker, Inc. North Pa Ave

VS 151

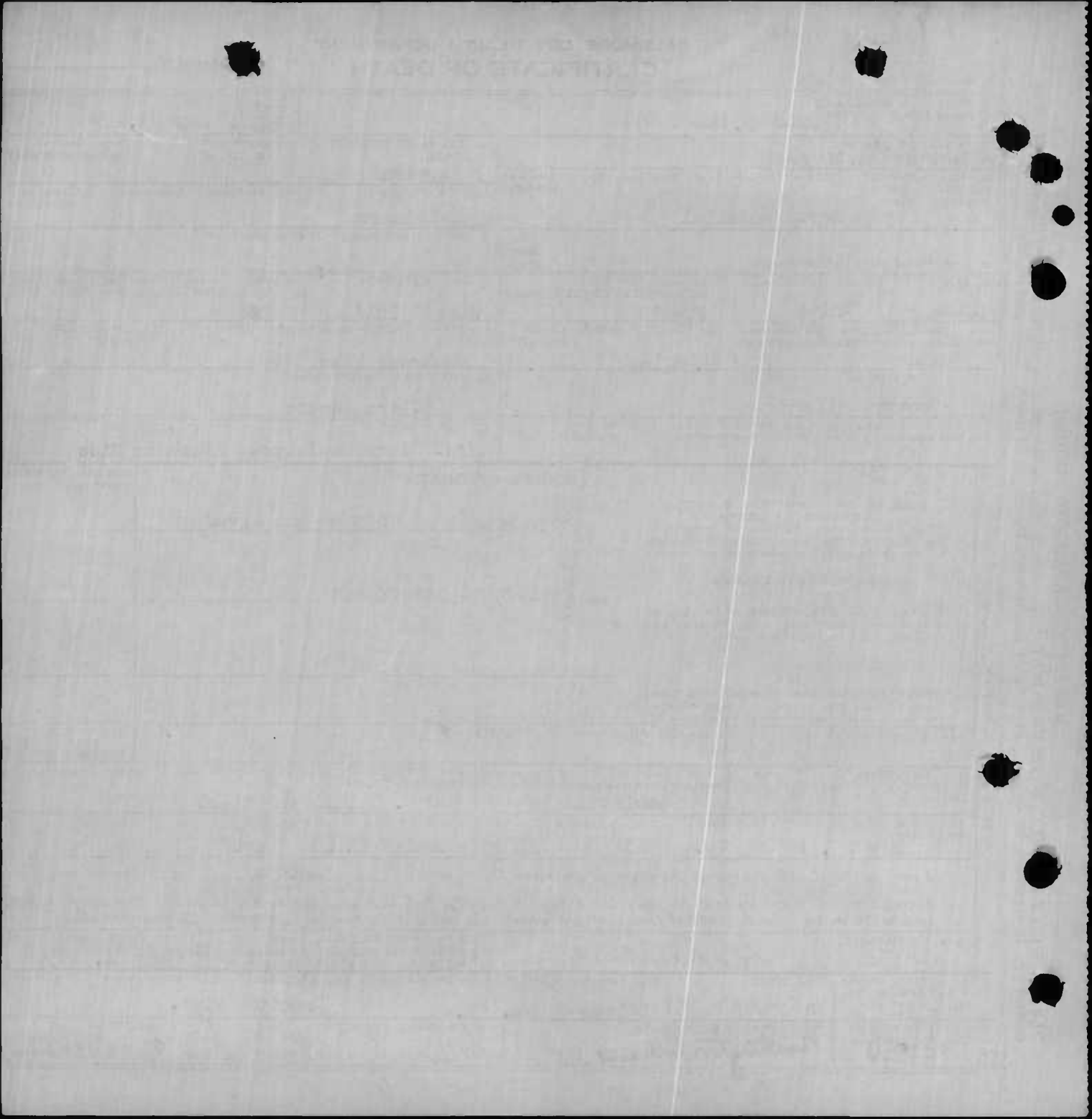
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46051

167

MARGIN RESERVED FOR BINDING
PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



5-334
50 4706

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4706
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

M. Stottlenger

2. DATE
OF
DEATH

May 28 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Frederick

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Frederick

6000

D. STREET ADDRESS (If rural, give location)

RFD #1

c. Length of stay in Baltimore

2

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

Female

White

Married

April 9 1894

56

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Howard Ramsburger

14. MOTHER'S MAIDEN NAME

Elizabeth Leatherman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

David F. Stottlenger, Frederick

18. *410X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Embolism occluding aorta and external iliacs*

DUE TO

3-4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Thrombosis in left auricle -*

DUE TO

?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) *Auricular fibrillation from Rheumatic heart disease Mitral stenosis*

3-4 years

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *5-23*, 19*50*, to *5-24*, 19*50*, that I last saw the deceased alive on *5-24*, 19*50*, and that death occurred at *4:25 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

H. Kuttison Much

23B. ADDRESS

University Hospital

23C. DATE SIGNED

5-25-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

5-27-1950

MDA. Oluch

Frederick

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 25 1950

Huntington Williams, Jr.

M. R. Echison Son Frederick Md.

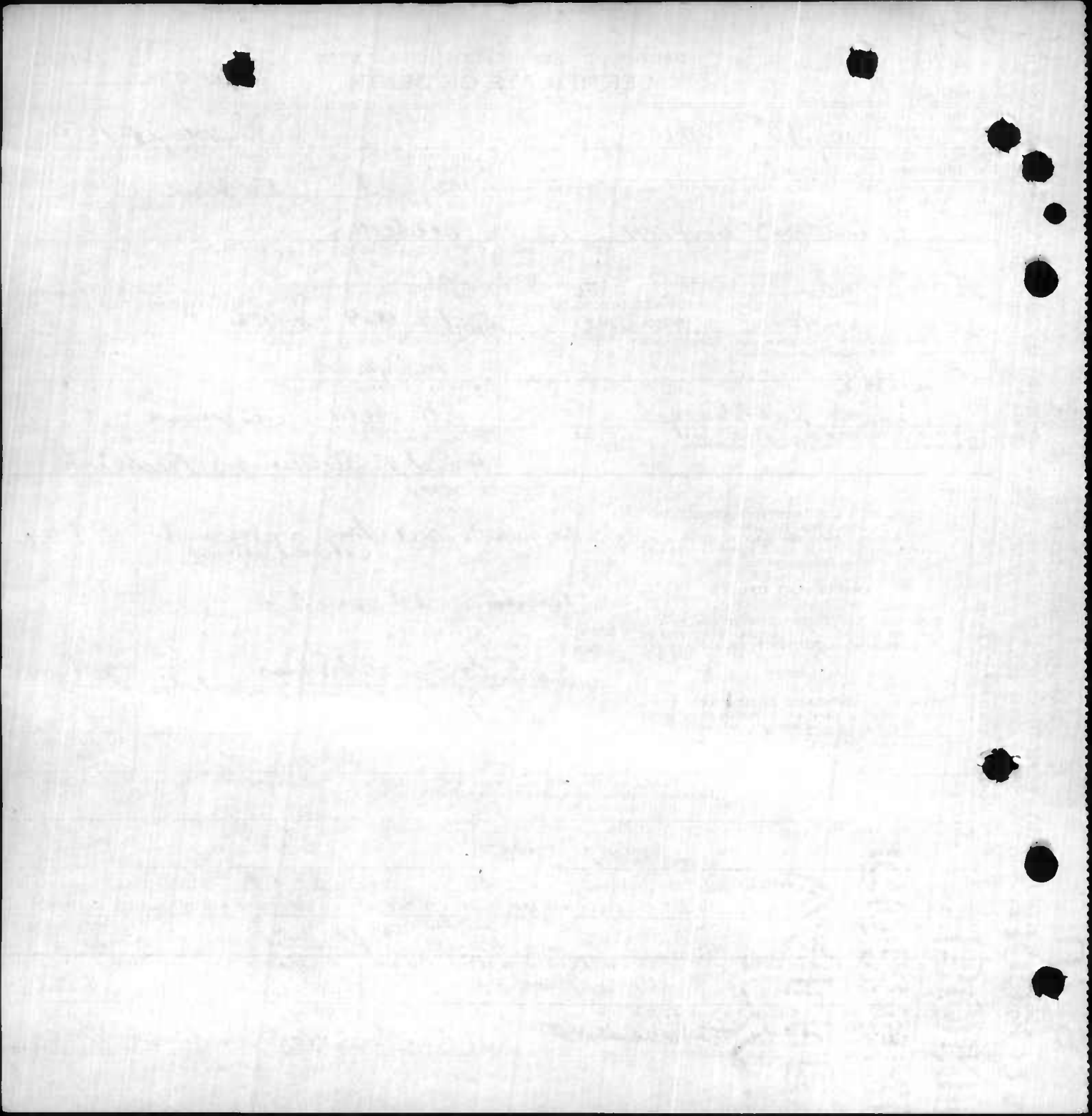
VS 150

92B

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully secured. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



N-630

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4707

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Pearl F. Norwood

2. DATE
OF
DEATH

May 22, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4700 Harford Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

Harford Convalescent Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1804 N. Wolfe St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Aug. 15, 1877

9. AGE (In years
last birthday)

72

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

house wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Harford Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Richard Cullum

14. MOTHER'S MAIDEN NAME

Elizabeth Preston

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Harold Norwood 3811 Ednor Rd.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 21, 1950, to May 21, 1950, that I last saw the
deceased alive on May 21, 1950, and that death occurred at 7:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

may 25 1950

Baltimore

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 25 1950

T. W. Williams, M.D.

Blanche F. Hoffman 1638 Swallow

Dr James. E. White
5214 Hayford Rd
CL, 3000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4708
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rosa Abner Procter

2. DATE
OF
DEATH

5-22-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

00 2468 Druid Hill Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)Baltimore 13-03
O. STREET ADDRESS (If rural, give location)

2468 Druid Hill Ave.

c. Length of stay in Baltimore

52yrs.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

6-22-1882

9. AGE (In years
last birthday)

67 yrs.

10 Under 1 Year 11 Under 24 Hours
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

. ! ? ?

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

? ? ?

14. MOTHER'S MAIDEN NAME

Isabelle Jones ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Isabelle Jones 2468 D. H. Ave.

18.

151X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

(A) Carcinoma of stomach

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATHHistory
indefinite

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from March 12, 1912, to May 22, 1950, that I last saw the
deceased alive on May 22, 1950, and that death occurred at 9:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

R. Garland Churchill

M. O.

23B. ADDRESS

1534 Druid Hill Ave

23C. DATE SIGNED

May 25, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-25-1950

24C. NAME OF CEMETERY OR CREMATORY

St. Lukes Cemetary

24D. LOCATION (City, town, or county) (State)

Reisterstown, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 25 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

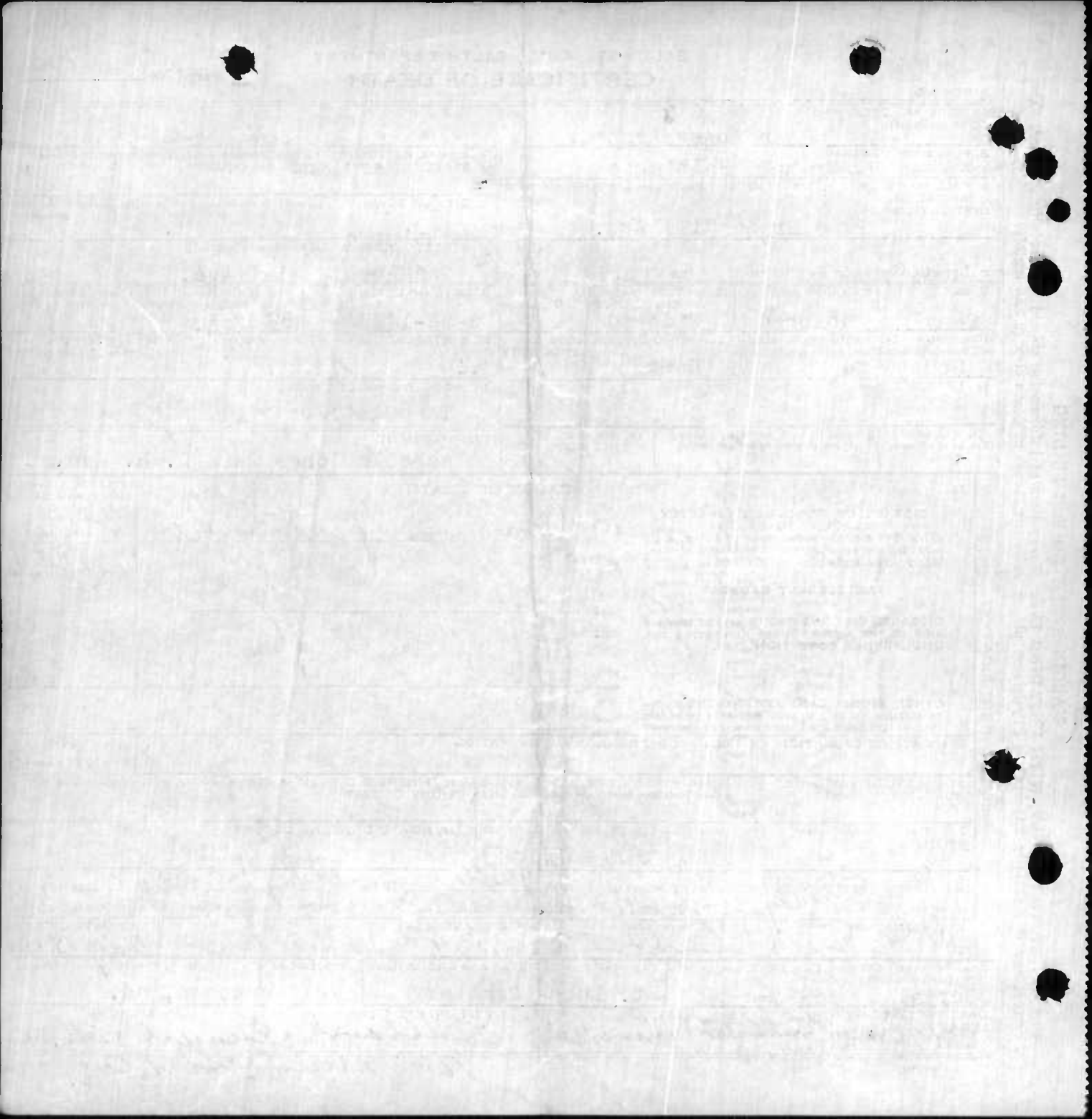
ADDRESS

Hall and Funeral Home

1681 Druid Hill Ave.

1631 Druid Hill Ave.

462



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4709
Registered No. _____

50 4709

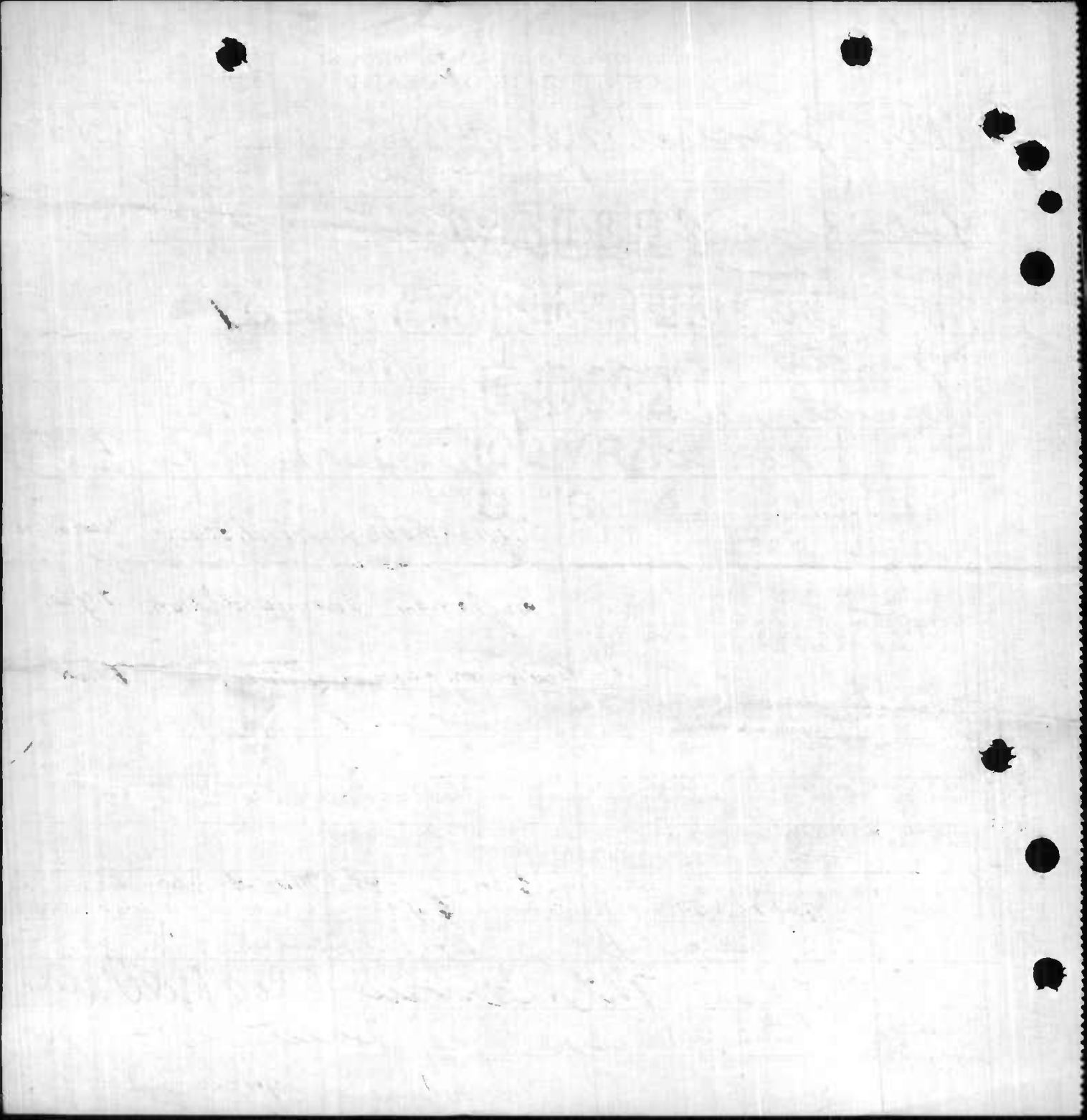
BIRTH NO.

1. NAME OF DECEASED <i>Rev. Samuel Nelson Jr.</i>		2. DATE OF DEATH <i>5/23/50</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, or institution/residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>City</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>920- Low Street</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>5-02</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>920- Low Street</i>	
5. SEX <i>M.</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov. 19, 1908</i>
10A. USUAL OCCUPATION (Give kind of work, or principal most of working life, even if retired) <i>Minister</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Clergy</i>	9. AGE (In years, last birthday) <i>41</i>
11. BIRTHPLACE (State or foreign country) <i>Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>Samuel Nelson Sr.</i>		14. MOTHER'S MAIDEN NAME <i>Marj E. ?</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, write rank, town) (If yes, give war or dates of service) <i>No</i> <i>none</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Lillian Nelson -</i>		ADDRESS <i>920- Low Street</i>	

18. <i>411 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Rheumatic heart disease</i> DUE TO (B) <i>Left to right ventricular failure</i> DUE TO (C) <i>Acute myocardial dilatation</i>	INTERVAL BETWEEN ONSET AND DEATH <i>unknown</i> <i>7 years</i> <i>8 mos</i>
---	--	--

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>June 7, 1948</i> to <i>May 23, 1950</i> , that I last saw the deceased alive on <i>May 21, 1950</i> , and that death occurred at <i>7:15 am.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>G. C. Burwell</i> M. D.	23B. ADDRESS <i>171 Airglen</i>	23C. DATE SIGNED <i>5/24/50</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>5/26/50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Carmel</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 25 1950</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>W. Halstead</i>	ADDRESS <i>918- 10894 Alwood Hill Rd.</i>



PLEASE WRITE PRECISELY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

50 4710

BIRTH NO.

1. NAME OF DECEASED
(Type or print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

9. AGE (In years)

If Under 1 Year

If Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

22. I hereby certify that I attended the deceased from 4-1-1952 to 5-22-1952, that I last saw the deceased alive on 5-21-1952, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

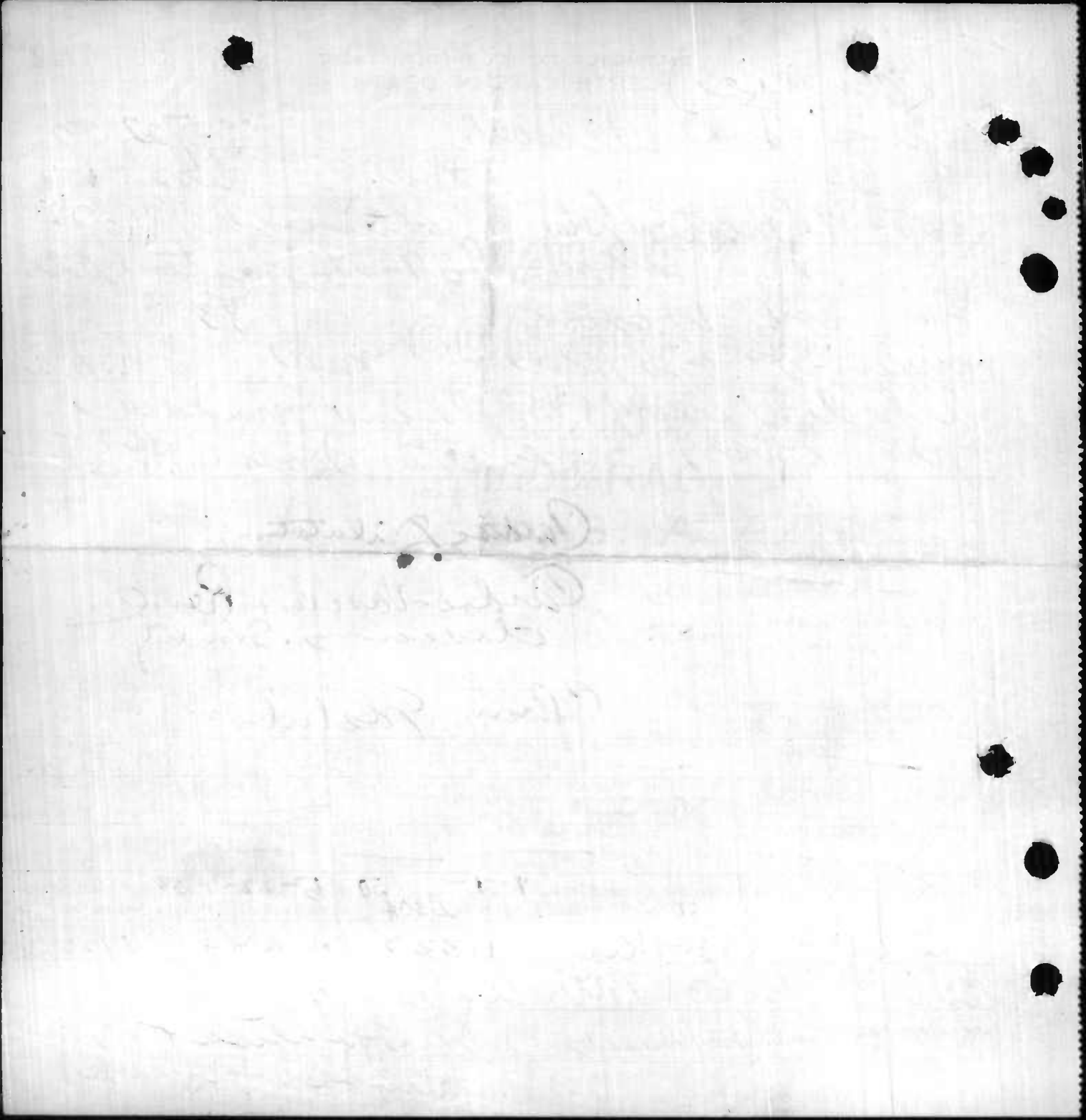
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Silvering X 50 4711

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

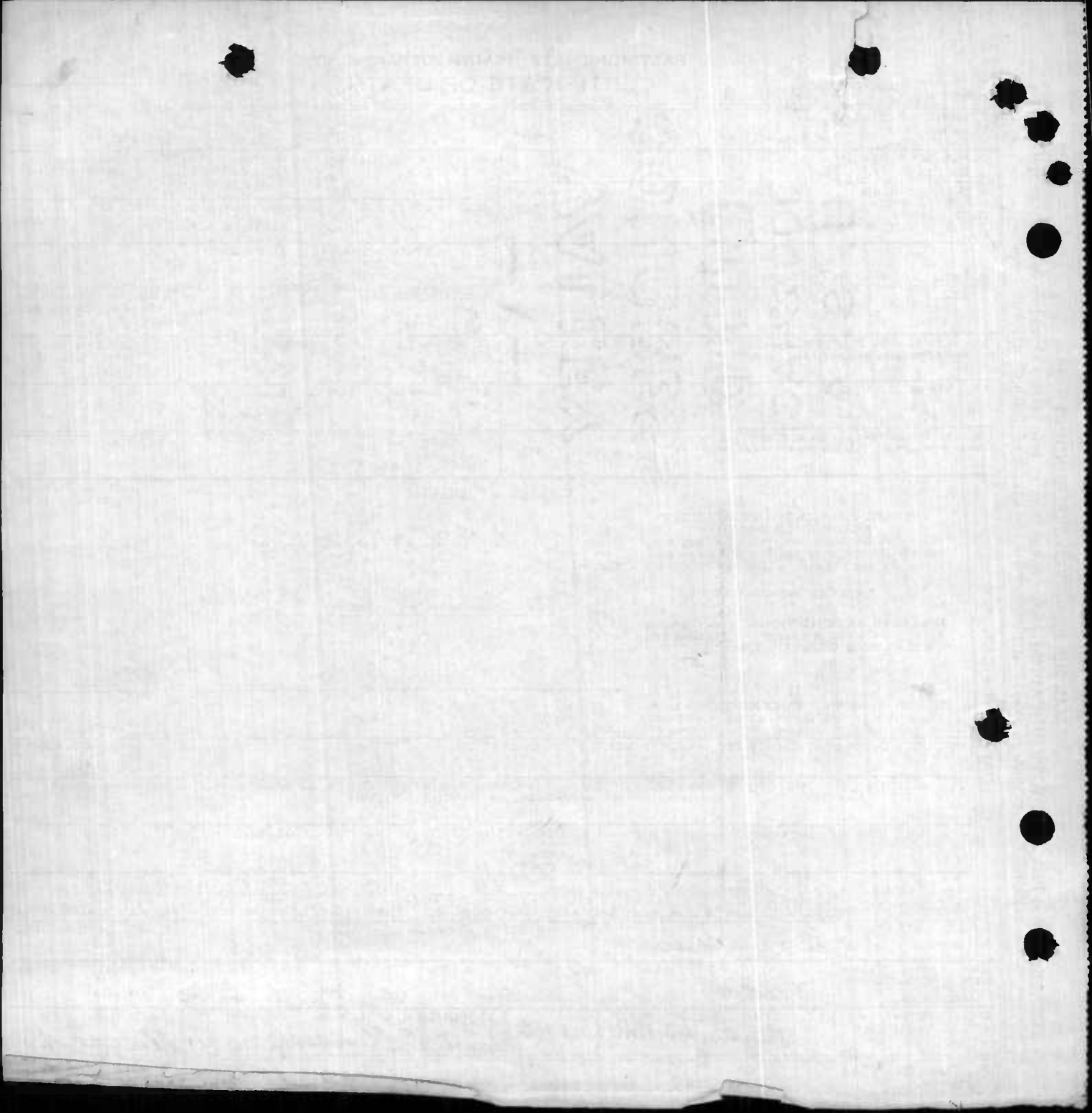
BIRTH NO. *00-10319*

1. NAME OF DECEASED (Type or Print) <i>Baby Silvering</i>			2. DATE OF DEATH <i>5/24/50</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Carroll</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>University Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Westminster</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>Route #4 5600</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>	8. DATE OF BIRTH <i>5/24/50</i>		9. AGE (In years last birthday) Months Days <i>1/2</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Balto.</i>		12. CITIZEN OF WHAT COUNTRY? <i>US</i>
13. FATHER'S NAME <i>Arthur Wm Silvering</i>			14. MOTHER'S MAIDEN NAME <i>Ethel Troyer</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Mother</i>		ADDRESS

18. <i>752X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Hydrocephalus</i> DUE TO (B) <i>Congenital Malformation</i> DUE TO (C) <i>Mother - R.H. neg.</i>	INTERVAL BETWEEN ONSET AND DEATH
---	---	----------------------------------

19A. DATE OF OPERATION <i>5/25/50</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1:35 P.M.</i> , 1950, to <i>1:35 P.M.</i> , 1950, that I last saw the deceased alive on <i>5/24 P.M.</i> , 1950, and that death occurred at <i>1:35 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Benson Schwartz</i>		23B. ADDRESS <i>University Hosp</i>		23C. DATE SIGNED <i>5/24/50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5/25/50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Westminster</i>	
24D. LOCATION (City, town, or county) (State) <i>Westminster Md.</i>		25. FUNERAL DIRECTOR <i>Paul E. Chomkowski</i>			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>		ADDRESS <i>3615-1 Chestnut Ave.</i>	

MAY 25 1950



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4712
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mamie Thompson

2. DATE
OF
DEATH

May 23, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

772 Wascos St

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

772 Wascos St WAESCHO

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Feb 4, 1910

9. AGE (In years
last birthday)

40

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ba. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Edythe Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Daniel Mitchell 1013 E. Madison St

ADDRESS

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio-Vascular Disease

DUE TO

(C) Pulmonary Edema

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/20/1, 1944, to 6/16, 1950, that I last saw the deceased alive on May 16, 1950, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Samuel D. Carter, Jr.

M. D.

23B. ADDRESS

1205 Pennsylvania Ave

23C. DATE SIGNED

5/25/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 26, 50

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem

24D. LOCATION (City, town, or county)

W. E. County Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Christington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Mrs Robert A. Elliott, Daughter

1124 N. Caroline St 937

MAY 25 1950

VS 150

NOT A MEDICAL EXAMINER'S CASE

R. H. Kober

M.D.

CHIEF OR ASST. MEDICAL EXAMINER

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4713
Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

John P. Ellis.

2. DATE
OF
DEATH

5-22-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or

HOSPITAL OR
INSTITUTION

920 N. Fulton Ave.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

920 N. Fulton St. Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec. 31, 1928

9. AGE (In years
last birthday)

21

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none NEVER WORKED

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Washington, N.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Ernest Ellis.

14. MOTHER'S MAIDEN NAME

Louisa Tucker.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Anna Belle Ellis. 920 N. Fulton Ave.

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/24, 1950, to 5/22, 1950 that I last saw the
deceased alive on 5/22, 1950, and that death occurred at 4:45 P. m., from the causes and on the date stated above.

23A. SIGNATURE

J. Preston Grant

M. O.

23B. ADDRESS

601 N. CARROLLTON

23C. DATE SIGNED

5/23/50.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5-26-1950

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem.

24D. LOCATION (City, town, or county)

Cedar Hill

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

The Katie R. Williams Schroeder St

ADDRESS 322 N

MAY 25 1950

13B

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4714

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Stephen Tyminski (Tyminski)

2. DATE
OF
DEATH

24 May/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Maryland
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 26-09B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION
Mercy Hospital

c. Length of stay in Baltimore

45

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept 9, 1889

9. AGE (In years
last birthday)

60

H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Fireman

10B. KIND OF BUSINESS OR
Standard Oil Industry

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Adam Tyminski

14. MOTHER'S MAIDEN NAME

Frances McCruski

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL
SECURITY NO.

Unknown

17. INFORMANT

ADDRESS

Margaret Tyminski 623 S. Grundy St. Balto.

18.

157X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Embolus

2 min

DUE TO

① Auricular Fibrillation

(B) ② Operation

7 days

DUE TO

(C) Carcinoma Head of Pancreas

6 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

17 May 1950

19B. MAJOR FINDINGS OF OPERATION

Carcinoma Head of Pancreas

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

None

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

None

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

None

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from 17 May, 1950, to 24 May, 1950, that I last saw the
deceased alive on 23 May, 1950, and that death occurred at 10:22 a. m., from the causes and on the date stated above.

23A. SIGNATURE

James H. Stegmair M. D.

23B. ADDRESS

601 Mercy Hospital

23C. DATE SIGNED

24 May 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/29/50

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

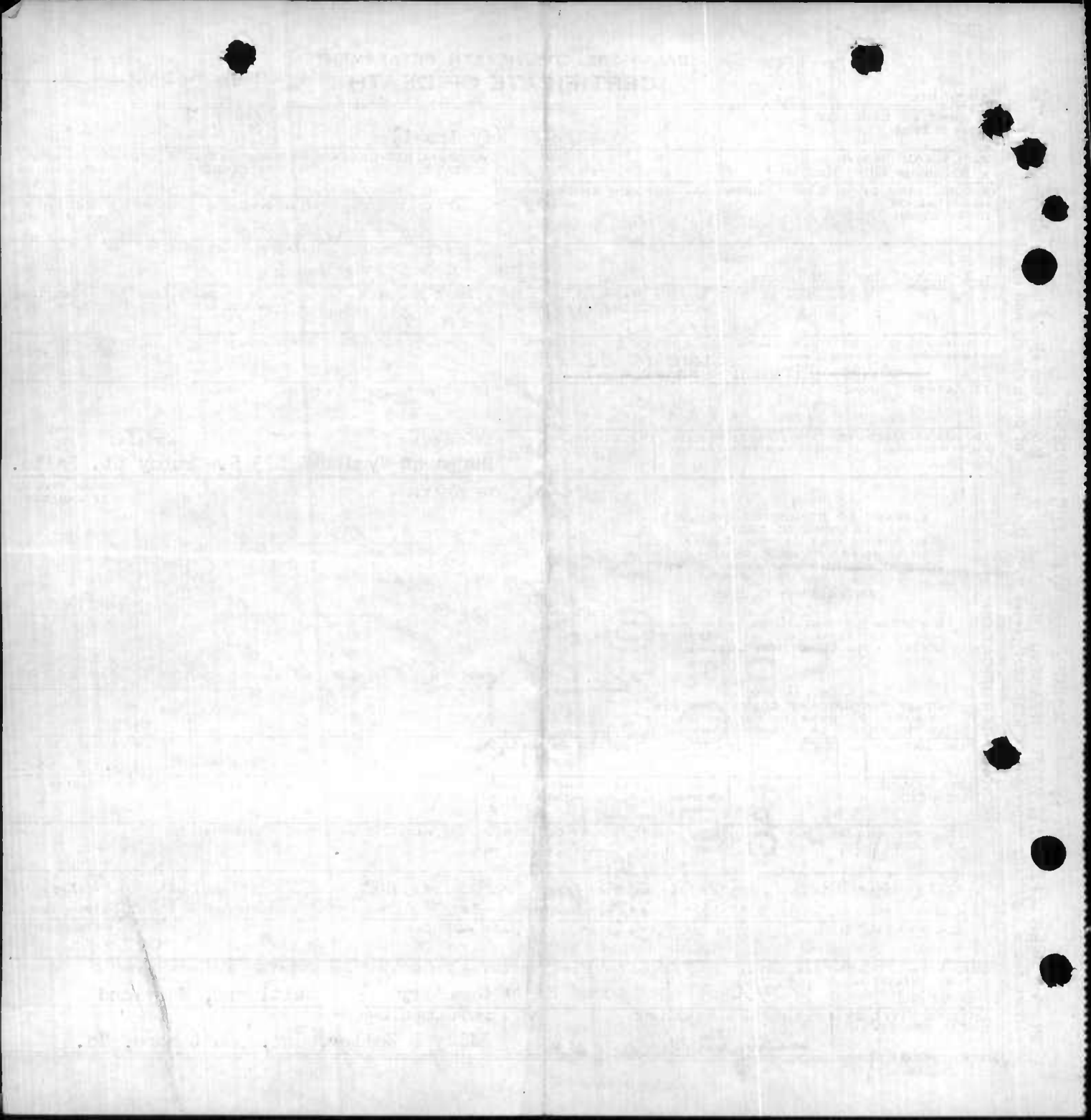
ADDRESS

Lilly & Zeiler, Inc. Baltimore, Md.

MAY 25 1950

442 18

469



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles

R.

Davis

2. DATE
OF
DEATH

5/24/1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

218 N. Dallas Court

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. City

D. STREET ADDRESS (If rural, give location)

218 N. Dallas Court

C. Length of stay in Baltimore

25 Yrs.

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 10, 1877

9. AGE (in years
last birthday)

72

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Driver

10B. KIND OF BUSINESS OR
INDUSTRY

For Packing House

11. BIRTHPLACE (State or foreign country)

Eastville Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

212-18

17. INFORMANT

ADDRESS

Mary Davis 218 N. Dallas Court

18.

331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

6 days

DUE TO

ANTECEDENT CAUSES,

(B)

Arteriovascular

DUE TO

(C)

degenerative

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 18, 1950, to May 24, 1950, that I last saw the
deceased alive May 23, 1950, and that death occurred at 6 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. Edwin Fisher

M. D.

23B. ADDRESS

1612 E. Monument St.

23C. DATE SIGNED

5-24/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/27/1950

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn A.A.CO.MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Katherine Williams, M.D.

25. FUNERAL DIRECTOR

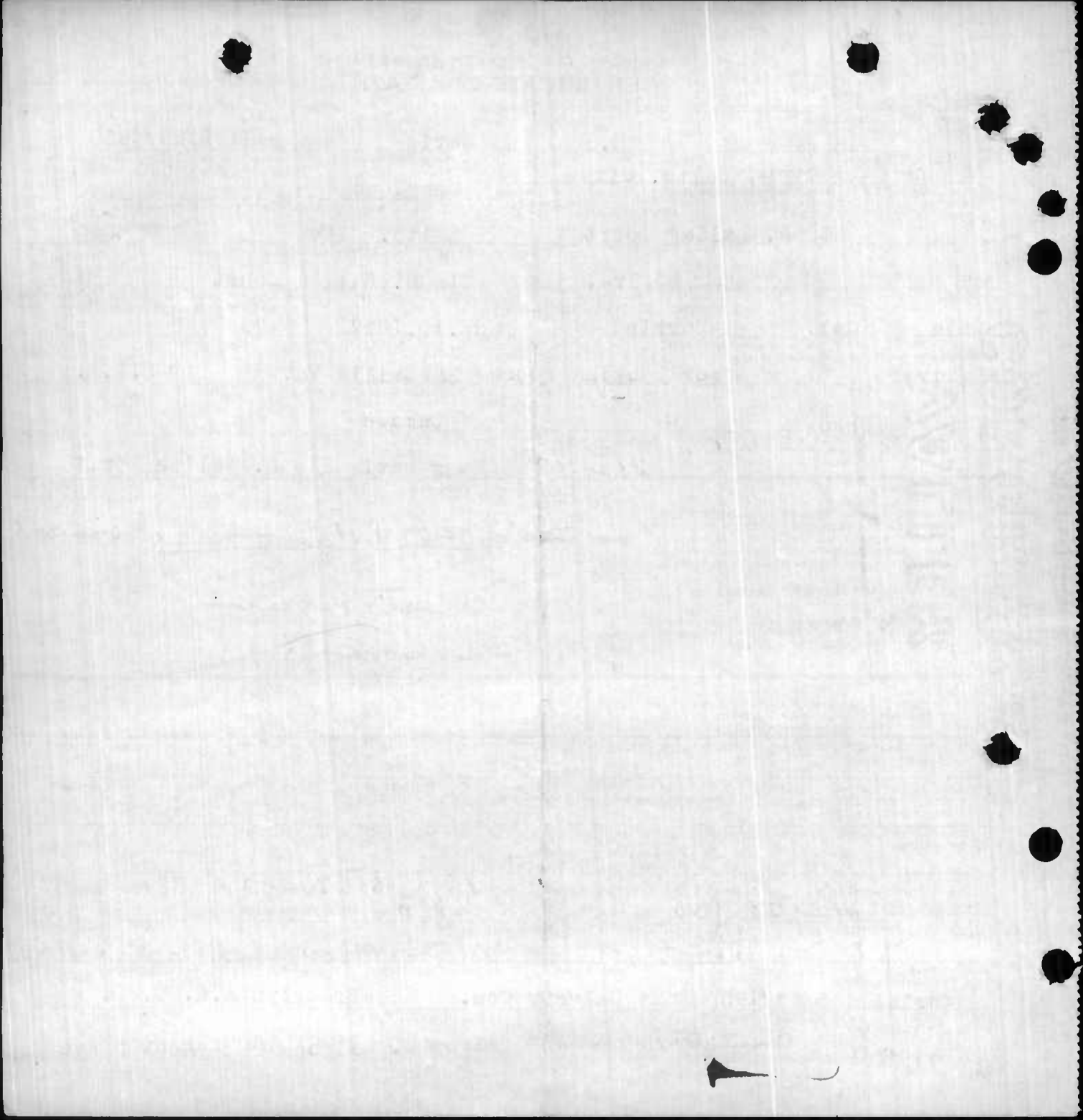
ADDRESS

Elroy O. Wilson 1000 Brantly Ave

MAY 25 1950

42053

83a



H-230

50 4716

Lovey Husketh

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 4716
Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or date of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 42.2

CAUSE OF DEATH 1619N Curale

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute leukemia & metastasis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Myocarditis Hypertension

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1921, to May 22, 1950, that I last saw the
deceased alive on 5/22, 1950, and that death occurred at 10:45 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

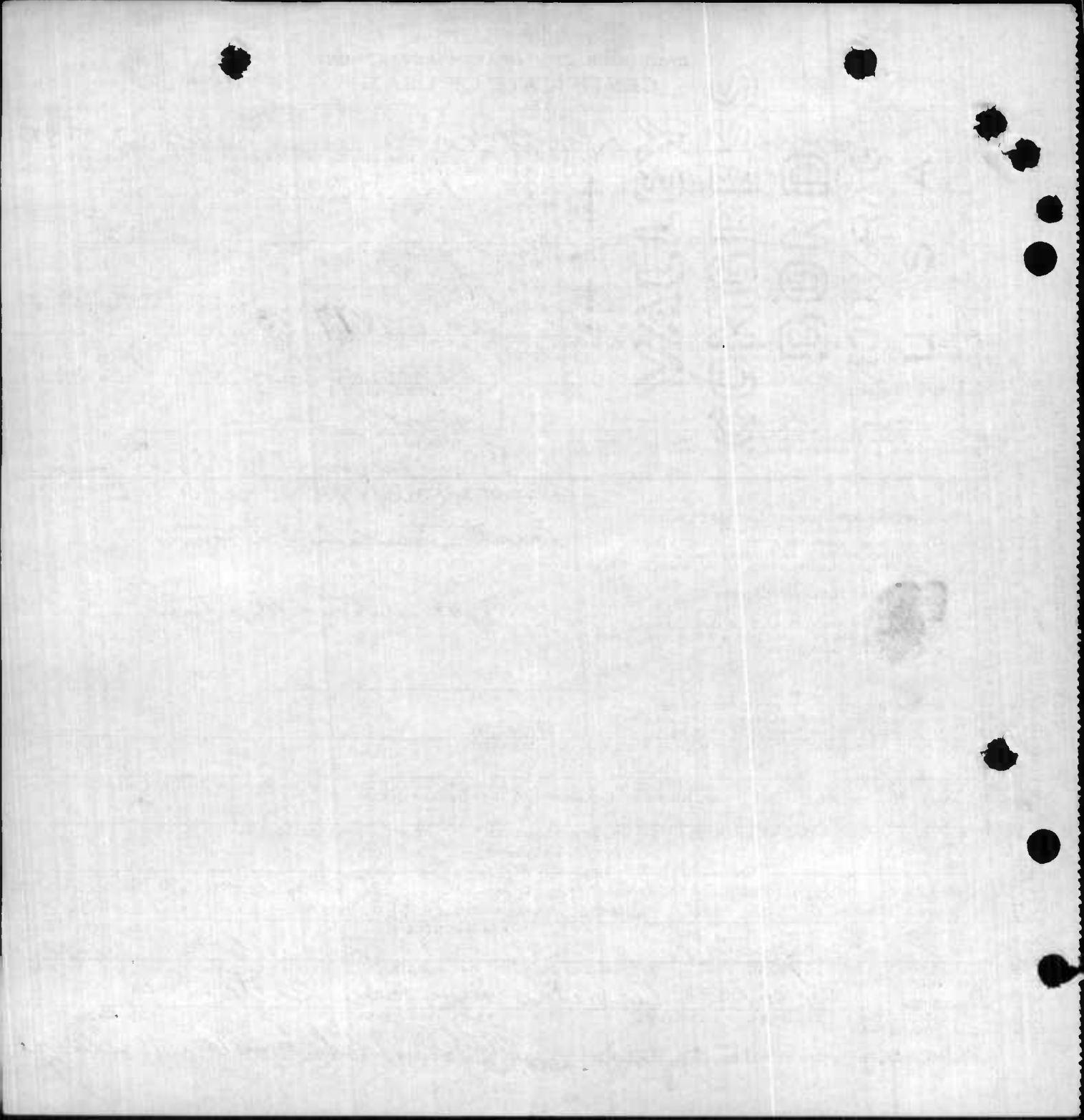
MAY 25 1950
VS 150

Huntington Williams, M.D.

Rufus Williams 1576 M^e Eldridge St

V2891

93D



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-160
50 4717

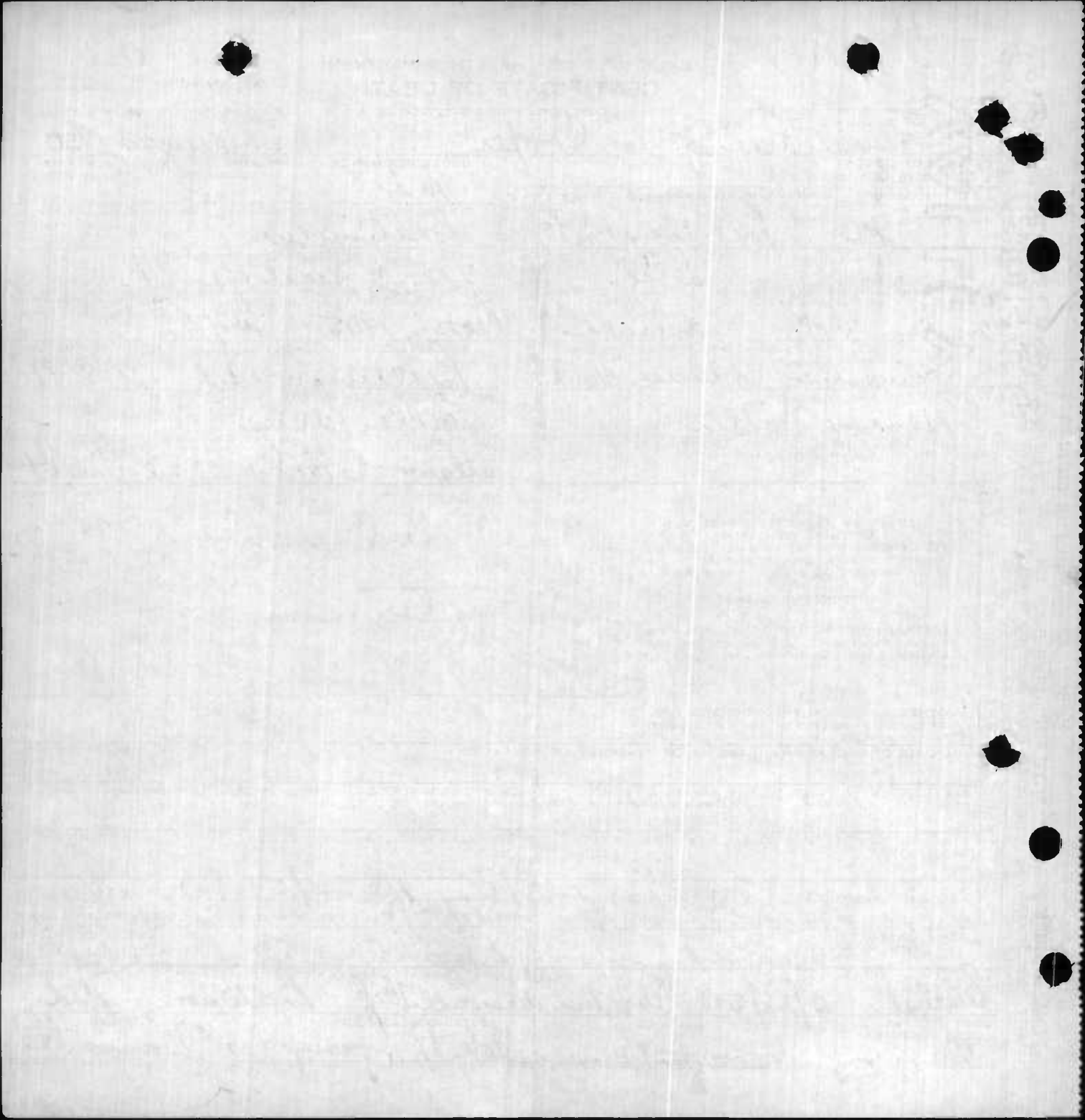
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4717
Registered No.

1. BIRTH NO.		NAME OF DECEASED (Type or Print) <i>Annie Mae Jones Cooper</i>		2. DATE OF DEATH <i>May 24 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i>		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>722 W. Saratoga St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore</i>		D. STREET ADDRESS (If rural, give location) <i>722 W. Saratoga St.</i>	
C. Length of stay in Baltimore <i>Life</i>		8. DATE OF BIRTH <i>Oct. 6, 1905</i>		9. AGE (In years, last birthday) <i>44</i>	
SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>House Work</i>		13. FATHER'S NAME <i>Henry Willis</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>-</i>		16. SOCIAL SECURITY NO. <i>-</i>		10. INFORMANT ADDRESS <i>Ellsworth Parks 524 E. Pine St.</i>	
18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <i>Cerebral Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Hypertension</i>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5/6</i> to <i>5/24</i> 19 <i>50</i> , that I last saw the deceased alive on <i>5/23</i> 19 <i>50</i> , and that death occurred at <i>10 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>James G. Gorman</i>		23B. ADDRESS <i>253 Gough St.</i>		23C. DATE SIGNED <i>5/25/50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5/28/50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Catharine Margaret Park</i>	
24D. LOCATION (City, town, or county) <i>Baltimore Md.</i>		24E. FUNERAL DIRECTOR <i>Robert H. Gentry</i>		24F. ADDRESS <i>1532 E. Monument St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 25 1950</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		VS 150	

52086

83a



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4718

BIRTH NO. 50 4718 49-01702

1. NAME OF DECEASED
(Type or Print)

WILLIAM

SMITH

2. DATE
OF
DEATH

May 24, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

822 N. Brice Street

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

June 21-1949

9. AGE (In years
last birthday)

1

If Under 1 Year
Months: Days

11

3

If Under 24 Hours
Hours: Min.

11

3

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

U.S.A.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George J. Smith

14. MOTHER'S MAIDEN NAME

Susan Richards

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

George J. Smith

ADDRESS

18. 344.01

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Internal hydrocephalus

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley S. Dureacher M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

5-25-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 27-1950

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 25 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

George L. Schwab

ADDRESS

UNITED STATES DEPARTMENT OF HEALTH
STATE OF CALIFORNIA

ORIGINAL

DATE

TIME

PLACE

NAME

AGE

SEX

EDUCATION

OCCUPATION

RELIGION

POLITICAL

PARTY

ETHNICITY

LANGUAGE

RELIGIOUS

OPINION

ON

THE

ISSUE

OF

THE

STATE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

50 4719

NAME OF DECEASED
(Type or Print)

MABEL CLAIRE FAISON

2. DATE
OF
DEATH

May 24/1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

B. endron

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

2

Yes
Mos.
Days

Rural

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan 16-87

9. AGE (In years
last birthday)

62

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Caroline Co., Va.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Frank Shuman

14. MOTHER'S MAIDEN NAME

? Shuman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

456X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ? Lupus erythematosus

DUE TO

disseminatus

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 5-12, 1950, to 5-24, 1950, that I last saw the
deceased alive on 5-24, 1950, and that death occurred at 7:55 P. M., from the causes and on the date stated above.

23A. SIGNATURE

William W. Winterhilt

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

May 25, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

5/27/50

24C. NAME OF CEMETERY OR CREMATORY

Waverly cem.

24D. LOCATION (City, town, or county)

Waverly, Va.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAY 25 1950

K. H. Williams, M.D.

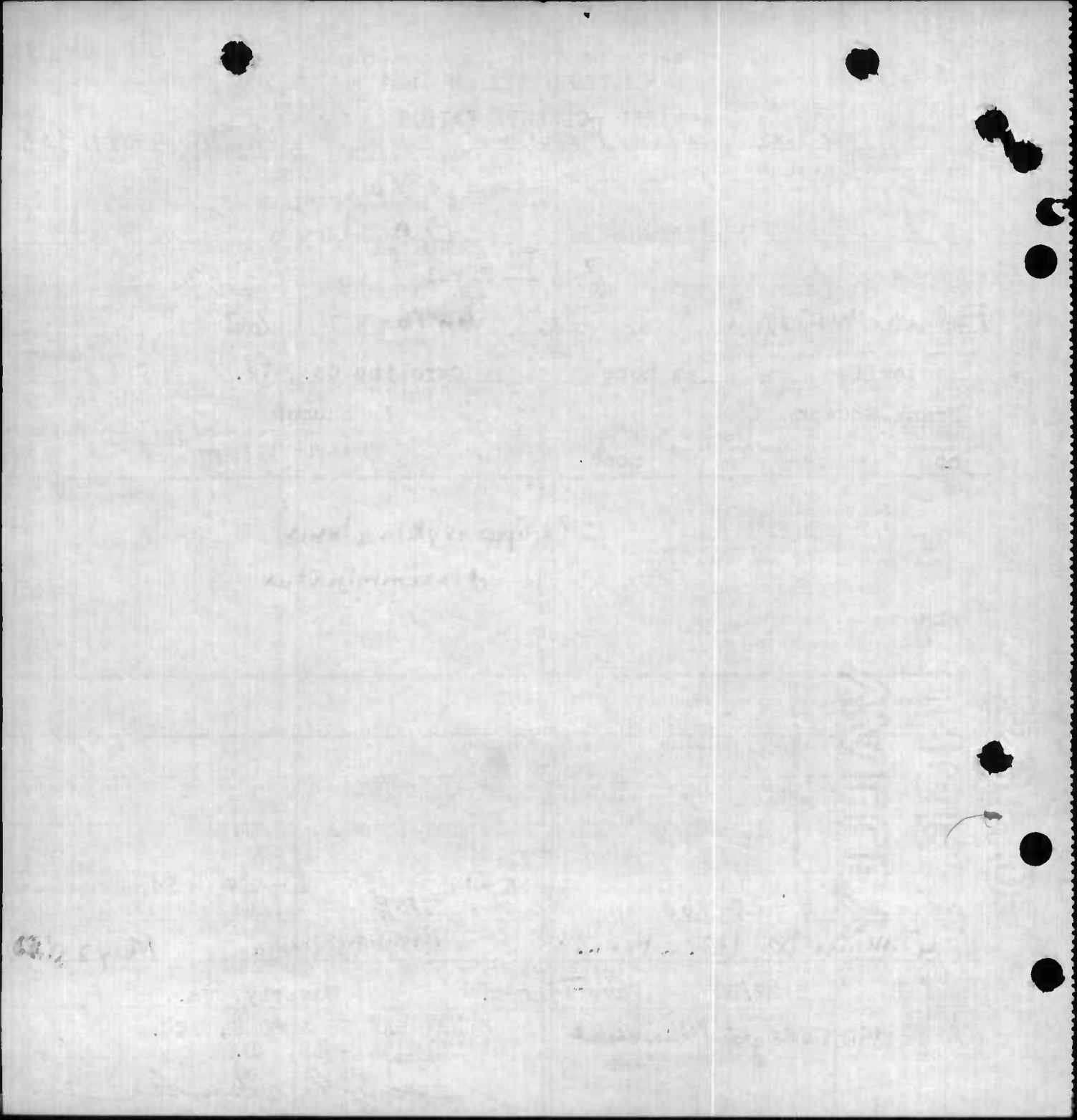
25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.
BALTIMORE - 13, MD.

ADDRESS

VS 150

Henry P. Sander 153



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **50 4720**

BIRTH NO. **50 4720**

1. NAME OF DECEASED (Type or Print) RICHARD BEICHNER			2. DATE OF DEATH May 24, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1211 W. Cold Spring Lane			E. LENGTH OF STAY IN BALTIMORE Yrs. 0 Mos. 0 Days 0		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 17, 1914		9. AGE (in years last birthday) 36
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman Asphalt Plant			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pa.
13. FATHER'S NAME Ambrose Beichner			14. MOTHER'S MAIDEN NAME Richards		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 163-12-6132		17. INFORMANT ADDRESS Marie R. Beichner 1211 W. Cold Spring Lane	

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Fracture, dislocation of dorsal vertebra (D4) DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION May 19, 1950		19B. MAJOR FINDINGS OF OPERATION Public Highway		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public Highway		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Route 213 Queen Ann Co. Md. 6700	
21D. TIME (Month) (Day) (Year) (Hour) May 19, 1950 2:50 A.M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Driver of Autocar off of road & overturned	
22. I certify that I took charge of the remains described above, held an Autopsy Quarantined the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE W. J. McClafferty		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 5-25-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 29, 1950		24C. NAME OF CEMETERY OR CREMATORY Clarion Catholic Cemetery Clarion Pa.	
24D. LOCATION (City, town, or county) (State) Clarion Pa.		25. FUNERAL DIRECTOR Frank H. Serty		25. ADDRESS 814 X 36 St	

VS 151 **N-805.0** **31619** **170c**

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED 10-12-64 10:30 AM
HEADQUARTERS

10-12-64

10-12-64

10-12-64

10-12-64

10-12-64

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LAURA J. POLLETT

2. DATE
OF
DEATH

May 23, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1508 McCulloh Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1508 McCulloh Street

c. Length of stay in Baltimore

66 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 22, 1872

9. AGE (In years last birthday)

78

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John W. Schuyler

14. MOTHER'S MAIDEN NAME

Ellen Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mr. Marion S. Polett

ADDRESS 1508

McCulloh St.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

CAUSE OF DEATH

(A) cerebral thrombosis

INTERVAL BETWEEN ONSET AND DEATH

3 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) generalized arteriosclerosis

3 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) arteriosclerotic heart disease

2 years

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

no

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1948, to 23 May, 1950 that I last saw the deceased alive on 23 May, 1950, and that death occurred at 1402 m., from the causes and on the date stated above.

23A. SIGNATURE

James D. Carr

M. D.

23B. ADDRESS

1427 Madison Ave

23C. DATE SIGNED

5.25.50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/26/1950

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

Anne Arundel Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

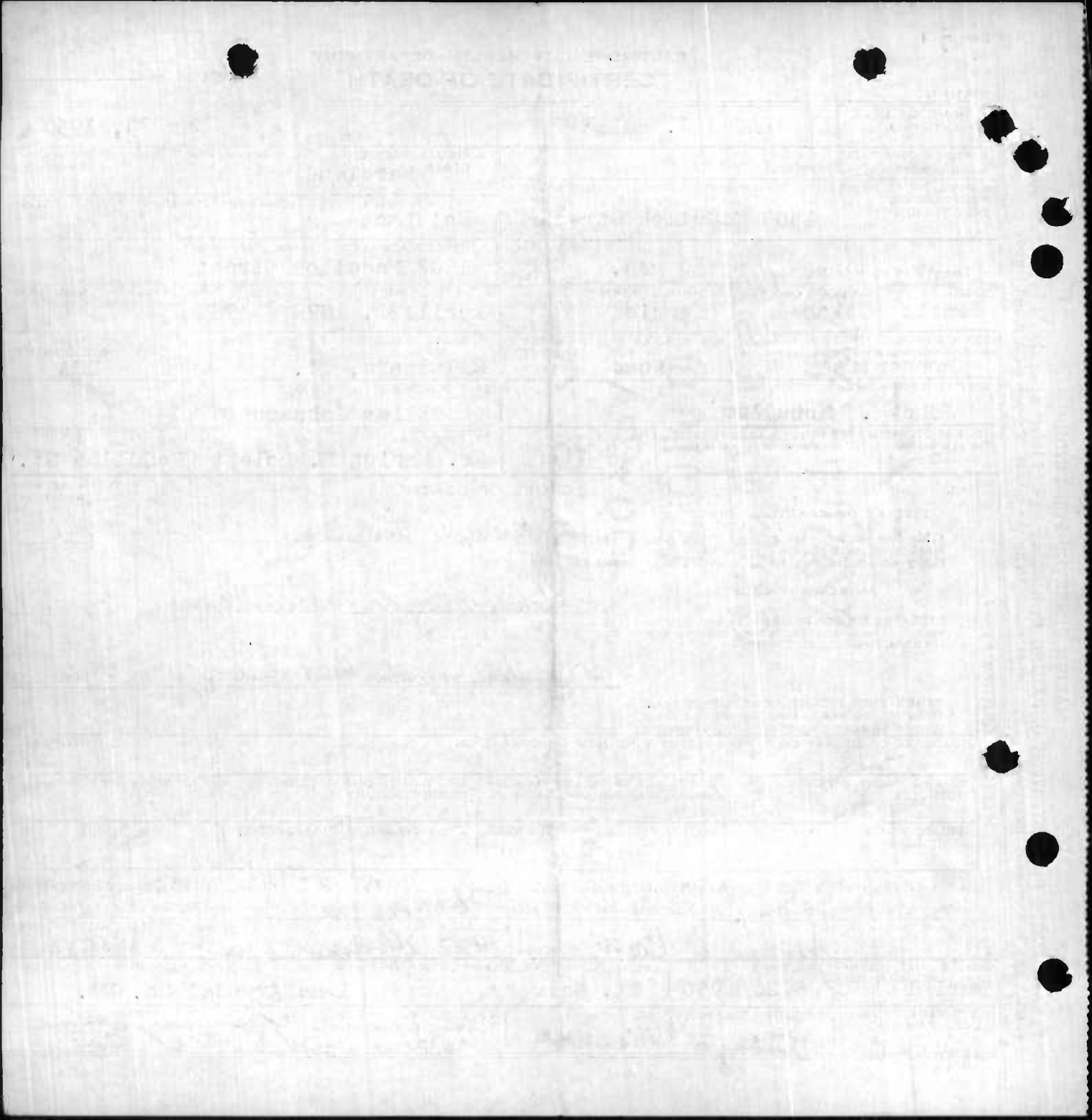
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wallace Funeral Home
1601 Druid Hill Ave.

937



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4722

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Virgie Miller

2. DATE
OF
DEATH

5-25-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Unknown

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4-02

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

1900

9. AGE (In years last birthday)

50

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of work log life, even if retired)

Unknown

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Edward Daugherty

14. MOTHER'S MAIDEN NAME

Elizabeth Landis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Chas. H. Muller 107 Elinor Ave

18. *260 X I*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Diabetes Mellitus - Refractory* : years

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic CVD

19A. DATE OF OPERATION

3-22-50

19B. MAJOR FINDINGS OF OPERATION

Mid-thigh amputation - Rt. Leg

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2-26*, 1950 to *5-25*, 1950, that I last saw the deceased alive on *5-25*, 1950, and that death occurred at *2:05* P.M., from the causes and on the date stated above.

23A. SIGNATURE

William J. Hallaway

23B. ADDRESS

University Hospital

23C. DATE SIGNED

5-25-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/27/50

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

A. A. Co. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

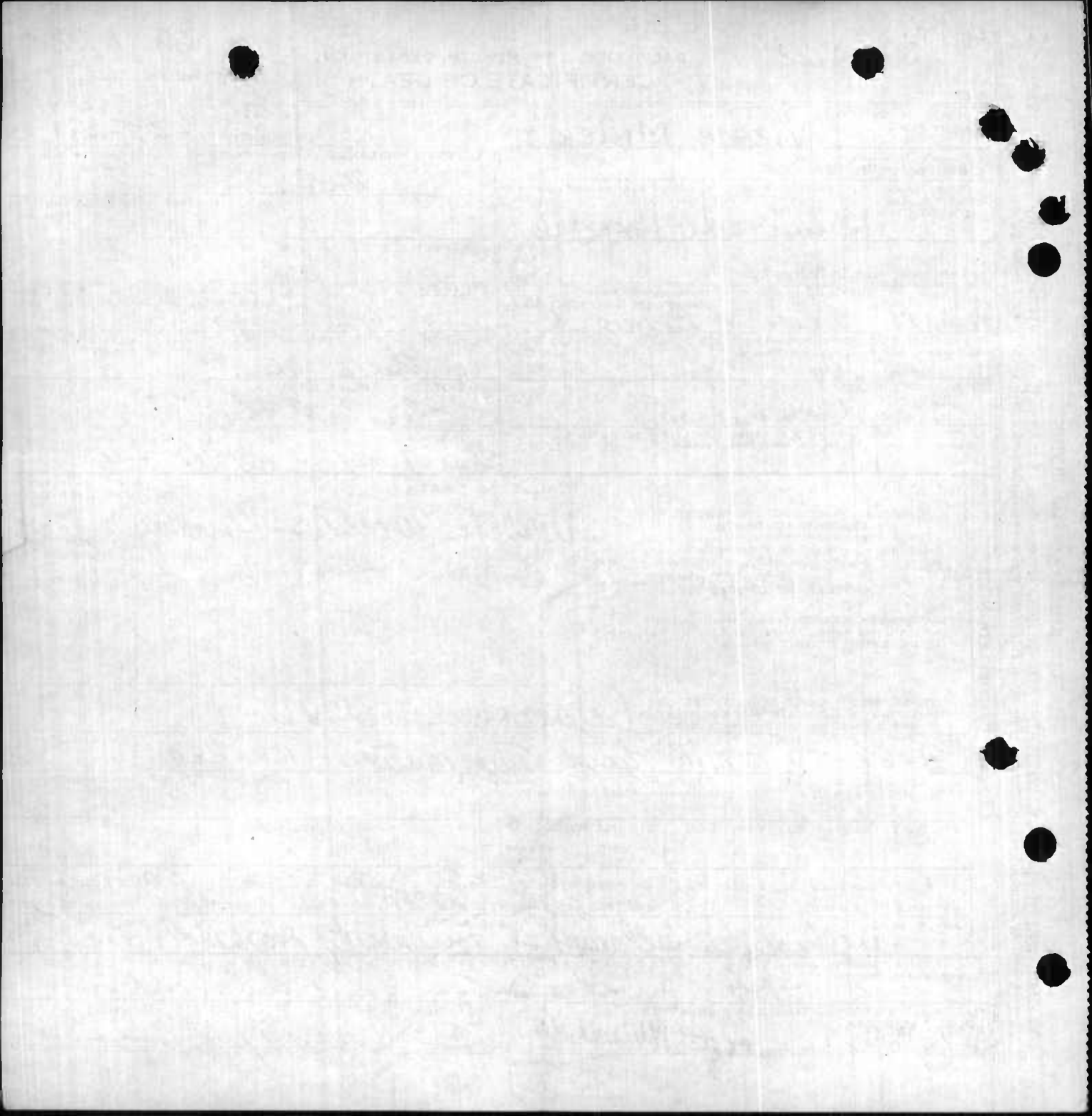
REGISTRAR'S SIGNATURE

Wm. J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Bok Inc. 1217 St. Paul St.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4723

BIRTH NO.

NAME OF DECEASED
(Type or Print)

William H. Chase

2. DATE
OF
DEATH

5/24/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 12-07B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2110 N. Howard St.

c. Length of stay in Baltimore
50 Yrs.
Mos.
DaysD. STREET ADDRESS (If rural, give location)
2110 N. Howard St.

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 7, 1883

9. AGE (In years last birthday)

66

10. Under 1 Year 11. Under 24 Hours
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Janitor

10B. KIND OF BUSINESS OR INDUSTRY

Apt. House

11. BIRTHPLACE (State or foreign country)

Batherville, Md

12. CITIZEN OF WHAT COUNTRY?

U.S. D

13. FATHER'S NAME

Andrew Chase

14. MOTHER'S MAIDEN NAME

Emma Gaither

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Mollie Chase 2110 N. Howard St.

18.

59

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Chronic Interstitial Nephritis

INTERVAL BETWEEN ONSET AND DEATH

History indefinite

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May 5, 1950, to May 24, 1950, that I last saw the deceased alive on May 23, 1950, and that death occurred at 4:46 p.m., from the causes and on the date stated above.

23A. SIGNATURE

R. Garland Chisell

M. D.

23B. ADDRESS

1534 - Over Hill Ave

23C. DATE SIGNED

May 25, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/29/50

24C. NAME OF CEMETERY OR CREMATORY

Crestwood Mtn. Pk. Balto. Md.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL HEALTH DEPARTMENT

MAY 26 1950

REGISTRAR'S SIGNATURE

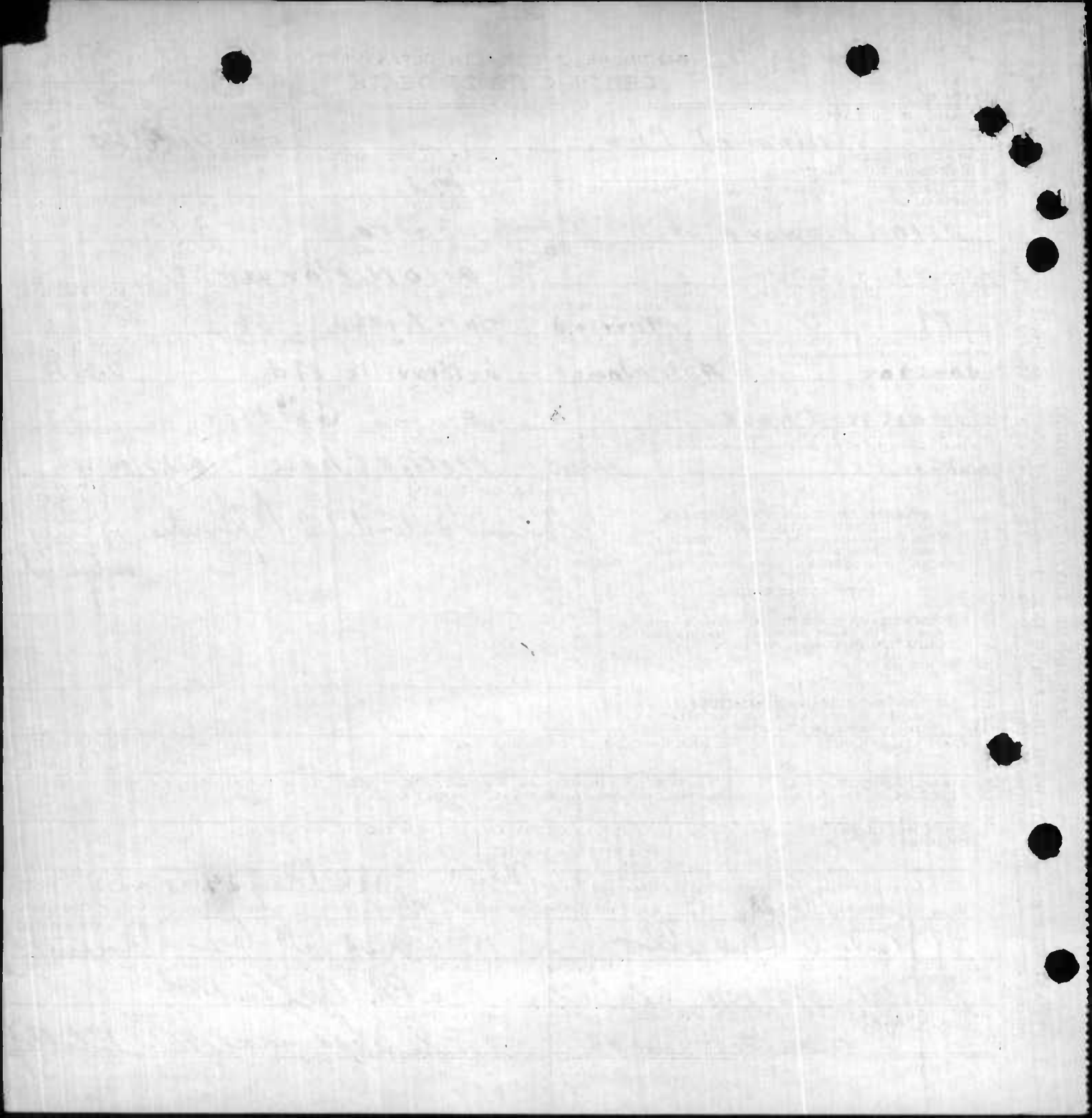
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. L. Chatman

ADDRESS

1701 N. E. Calhoun St.



CERTIFICATE CORRECTED

* 6-22-50

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 4724

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Mitchell Fields

2. DATE
OF
DEATH

May 24, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

216 N. Durham St.

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (In years last birthday)

52

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Shipyard

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Fields

14. MOTHER'S MAIDEN NAME

Ida Kelly

15. WAS DECEASED EVER IN U. S. ARMED SERVICE? (Yes, no or unknown) (If yes, give war or dates of service)

no.

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Carl Fields. 1316 Central Ave

18. E812.4

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture of skull with
intracranial hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Fallsway and Central Ave.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

May 24, 1950

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☒

midnight

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph B. Rogers

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒

M.D.

23C. DATE SIGNED

May 24, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

5/25/50

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Hockley Cem. King & Queen St. Va.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Trustington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Joseph B. Rogers, Jr. 1304 N

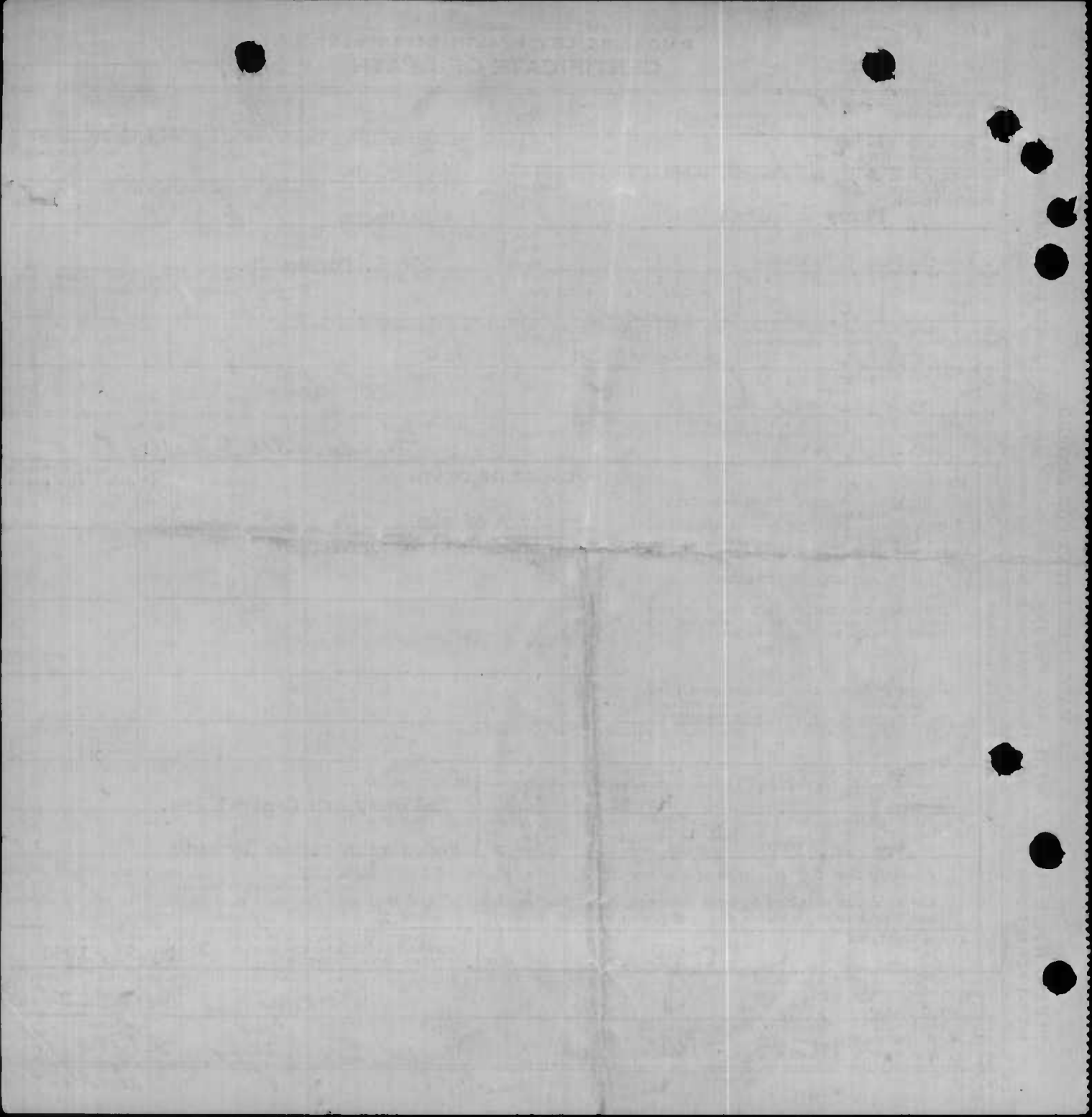
VS 151

MAY 26 1950

N-803-2

9884V

170C Central Ave



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4725
Registered No. _____

BIRTH NO. _____

NAME OF DECEASED
(Type or Print)

ROY BAKER

2. DATE
OF
DEATH

5-23-56

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1804 W. Forgett St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1804 W. Forgett St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

April 28, 1893

9. AGE (in years, last birthday)

57

If Under 1 Year Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bedmaster

10B. KIND OF BUSINESS OR INDUSTRY

Shoe Mfg.

11. BIRTHPLACE (State or foreign country)

md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Annie Casell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

217-03-8079

17. INFORMANT

ADDRESS

Mrs Cassie Baker - 1804 W. Forgett St.

1B. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

myocarditis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

hypertension

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

acute alcoholism

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/21 1956, to 5/23 1956, that I last saw the deceased alive on 5/21 1956, and that death occurred at 9 PM m., from the causes and on the date stated above.

23A. SIGNATURE

Harry E. Baker

M. D.

23B. ADDRESS

6006 Eastern Ave

23C. DATE SIGNED

5/23/56

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-26-56

24C. NAME OF CEMETERY OR CREMATORY

Oakland

24D. LOCATION (City, town, or county)

Baltimore Co.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 26 1956

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Garry A. Farley - 7400 W. Forgett St.

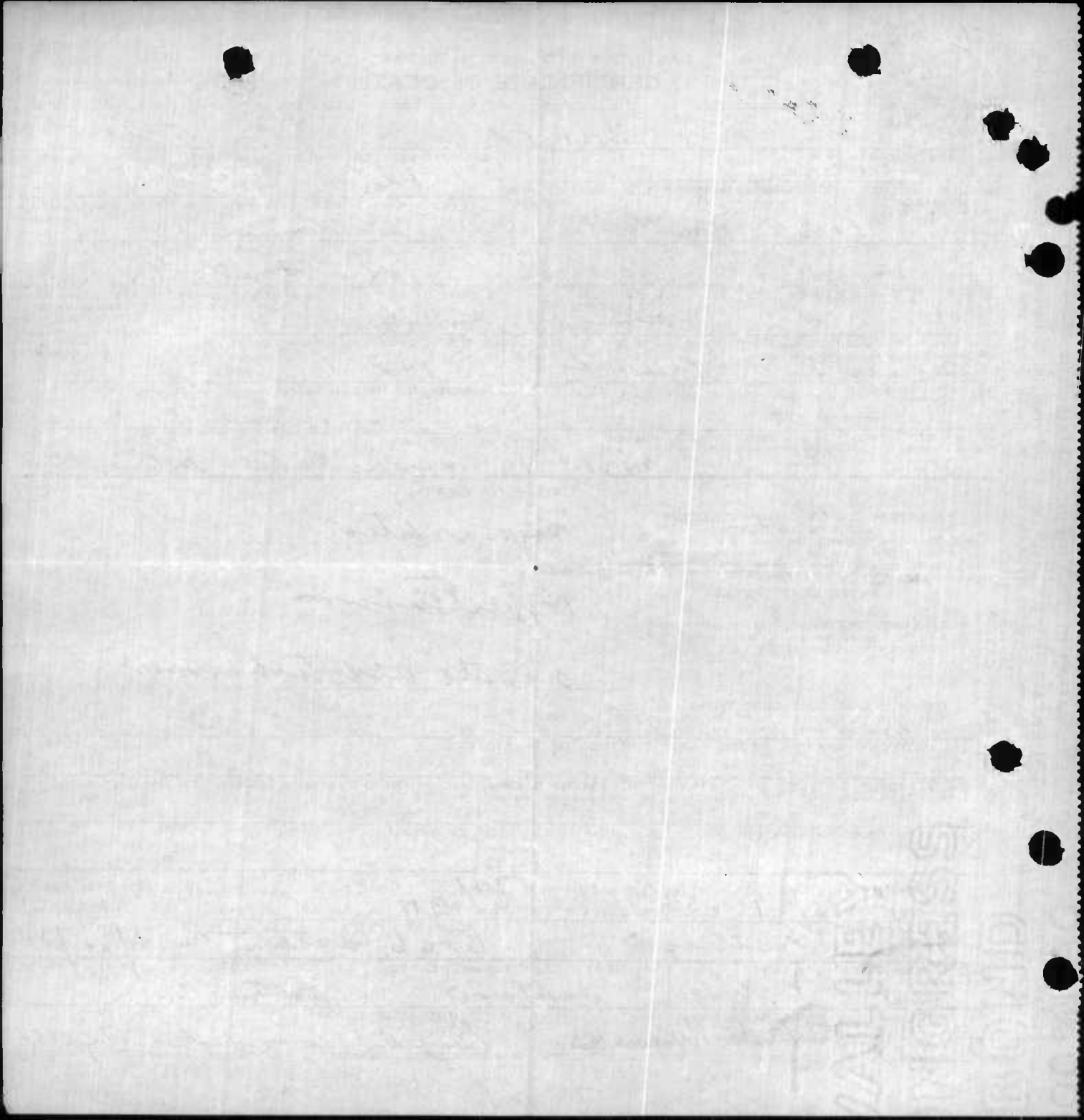
VS 150

49621

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4726
Registered No. _____

W-455
50 4726

1. NAME OF DECEASED (Type or Print) AARON WOLLMAN		2. DATE OF DEATH 25 May 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Md B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION SINAI HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2-02	
c. Length of stay in Baltimore 35 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 233 So Broadway	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10B. KIND OF BUSINESS OR INDUSTRY music store	
11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME not known		14. MOTHER'S MAIDEN NAME not known	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Dr Joseph Wollman		ADDRESS 2435 Lakeview	

18. 610 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Embolus DUE TO		INTERVAL BETWEEN ONSET AND DEATH immediately 20 days
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Septicemia - Proteus DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 5 May 1950		19B. MAJOR FINDINGS OF OPERATION Benign Prostatic Hypertrophy		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) NO		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NO		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) NO	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NO		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? NO	

22. I hereby certify that I attended the deceased from **30 April**, 1950, to **25 May**, 1950, that I last saw the deceased alive on **25 May**, 1950, and that death occurred at **6:45 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE Irving Scherlis	M. D.	23B. ADDRESS Sinai Hospital	23C. DATE SIGNED 25 May 1950
--	-------	---------------------------------------	--

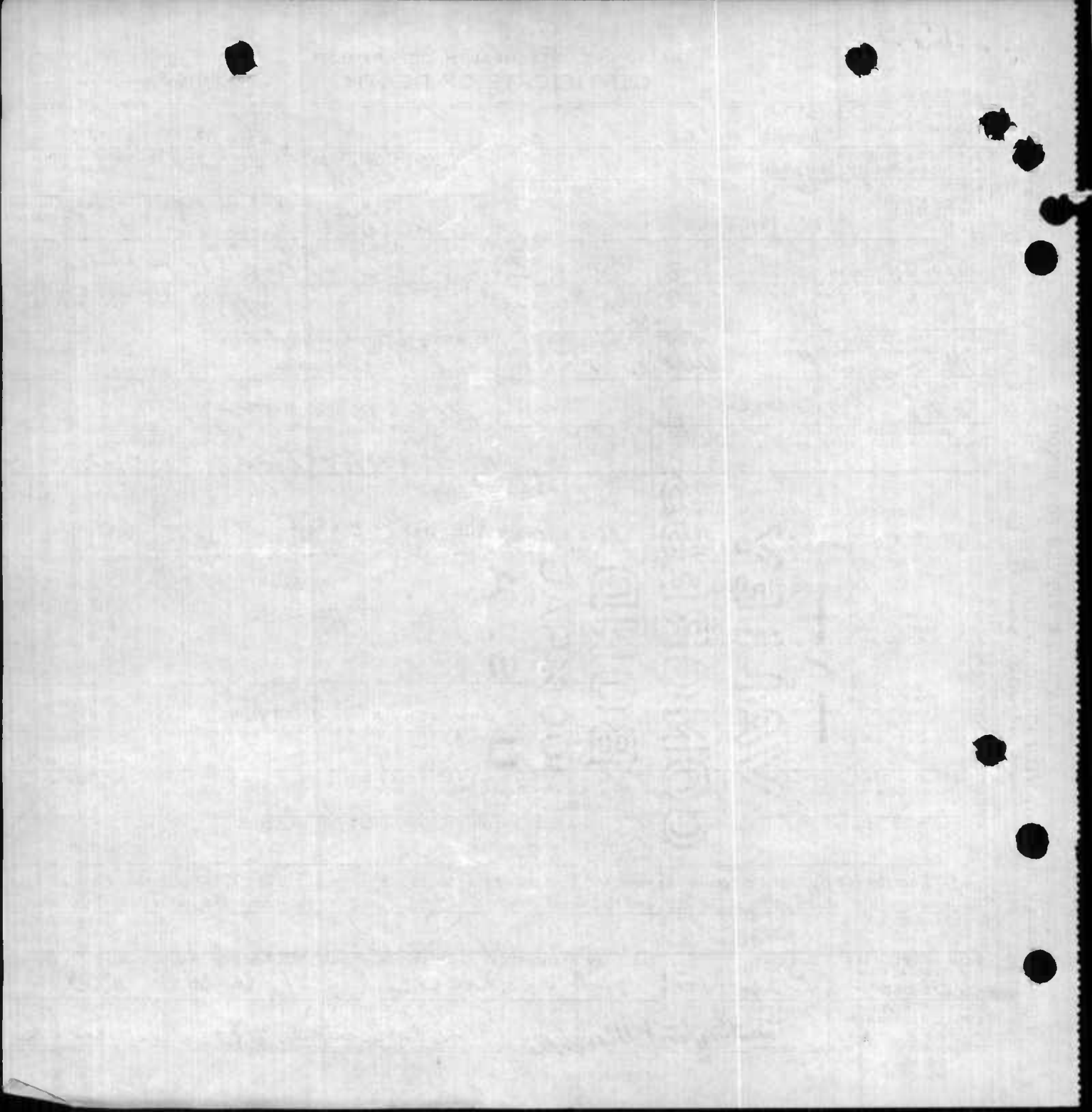
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 5-26-50	24C. NAME OF CEMETERY OR CREMATORY Rosedale	24D. LOCATION (City, town, or county) (State) Balto Md
--	-----------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR MAY 26 1950	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Jack Lewis	ADDRESS 2100 Eastern Pk
--	---	---	-----------------------------------

156 78
137a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4727
Registered No. _____

BIRTH NO. _____

NAME OF DECEASED
(Type or Print)

BENJAMIN Sokho II

2. DATE
OF
DEATH

5-25-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2025 West North Ave

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

2025 West North Ave

c. Length of stay in Baltimore

45

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

Married

8. DATE OF BIRTH

7-8

9. AGE (In years,

last birthday)

If Under 1 Year

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Cutter

10B. KIND OF BUSINESS OR INDUSTRY

Clothing

11. BIRTH PLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Michael

14. MOTHER'S MAIDEN NAME

Laga

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

Alma Sokhod 2025 W North

18.

162X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Primary Carcinoma of the Left Lung

INTERVAL BETWEEN ONSET AND DEATH

1 year?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2/24/50*, to *5/25*, 19*50* that I last saw the deceased alive on *5/25*, 19*50* and that death occurred at *2 P* m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. S. Sander

M. D.

23B. ADDRESS

2128 W. North E

23C. DATE SIGNED

5/25/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-26-50

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

MAY 26 1950

REGISTRAR'S SIGNATURE

Wilmington Williams

25. FUNERAL DIRECTOR

Jack Lewis 2100 Eutaw Pl

ADDRESS

VS 150

477

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Arachn
2128 W North

C-552
50 4728

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4728

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES LEWIS CUMMINGS

2. DATE
OF
DEATH

May 26, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

Maryland

B. COUNTY

Talbot

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

US Marine Hospital

(location)

Wyman Pk. Drive & 31st St.

C. CITY OR TOWN

Tilghman

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

7000

57
c. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

6/31/89

9. AGE (In years
last birthday)

60

11 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Captain

10B. KIND OF BUSINESS OR
INDUSTRY

Seafarer

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles Cummings

14. MOTHER'S MAIDEN NAME

Sidney Alice Sinclair

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

?

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

18.

5810

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Cirrhosis of liver

Unknown

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from Apr. 30, 1950, to May 26, 1950, that I last saw the deceased alive on May 26, 1950 and that death occurred at 2:35 a. m., from the causes and on the date stated above.

23A. SIGNATURE

John L. Wilson, Medical Director

M. D.

23B. ADDRESS

US Marine Hospital, Balto., Md.

23C. DATE SIGNED

5/26/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

STATE OF NEW YORK
DEPARTMENT OF HEALTH

NEW YORK

1918

REPORT OF THE

COMMISSIONER OF HEALTH

FOR THE YEAR 1918

ALBANY

1919

PRINTED BY THE

STATE OF NEW YORK

DEPARTMENT OF HEALTH

ALBANY

1919

PRINTED BY THE

STATE OF NEW YORK

DEPARTMENT OF HEALTH

ALBANY

1919

PRINTED BY THE

STATE OF NEW YORK

DEPARTMENT OF HEALTH

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DEPARTMENT OF HEALTH

ALBANY

1919

PRINTED BY THE

STATE OF NEW YORK

DEPARTMENT OF HEALTH

ALBANY

1919

PRINTED BY THE

STATE OF NEW YORK

DEPARTMENT OF HEALTH

ALBANY

1919

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4729
Registered No. _____

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Daniel H. Smith

2. DATE
OF
DEATH May 23, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2305 St. Paul St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Paul Nursing Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2001 Belair Road

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 3, 1867

9. AGE (In years
last birthday)

83

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

General

10B. KIND OF BUSINESS OR
INDUSTRY

Distillery

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Smith

14. MOTHER'S MAIDEN NAME

Mary Ann Price

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

213-09-3699

17. INFORMANT

ADDRESS

Mrs. Rebecca Smith 2001 Belair Road

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive Art. Sci. disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE, (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Sclerosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1945 to May 23, 1950, that I last saw the
deceased alive on May 22, 1950, and that death occurred at 8:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Johnson

M. D.

23B. ADDRESS

3400 2 Belts &

23C. DATE SIGNED

5/25/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Oak Lawn 5/26.50

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county) (State)

Colgate, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

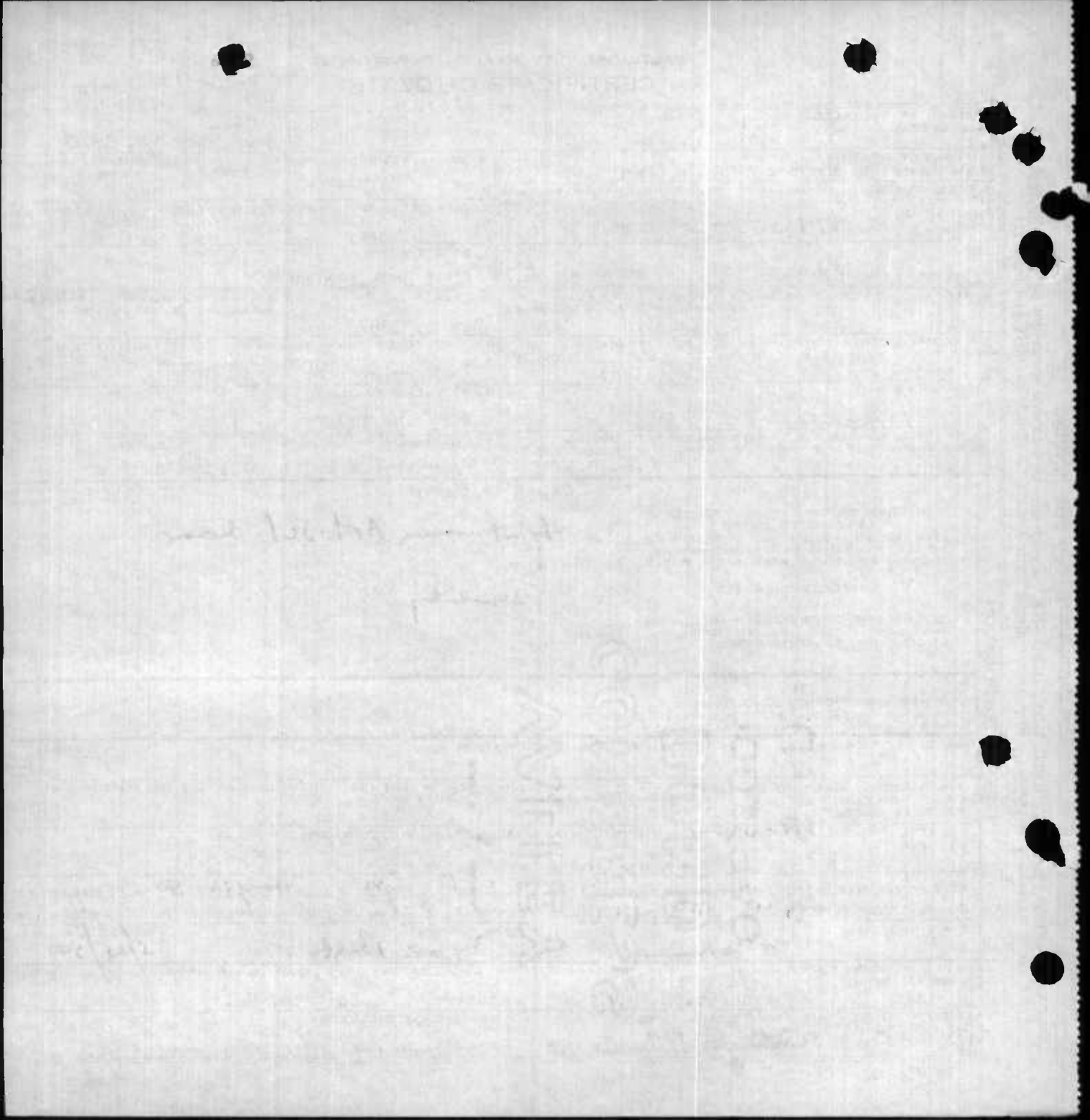
25. FUNERAL DIRECTOR

ADDRESS

Ullrich Funeral Home 2008 Orlean St.

VS 150

97



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4730

Registered No. _____

BIRTH NO. 50 4730

1. NAME OF DECEASED (Type or Print)		WILLIAM TRUEHART		2. DATE OF DEATH May 24, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 305 N. Carey Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 29, 1891	9. AGE (in years last birthday) 58	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10a. KIND OF BUSINESS OR INDUSTRY Sparrows Point			11. BIRTHPLACE (State or foreign country) Amelia County, Virginia		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Edward Truehart			14. MOTHER'S MAIDEN NAME Lilla Branch		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Lucy Trueheart	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		ADDRESS 305 N. Carey Street	

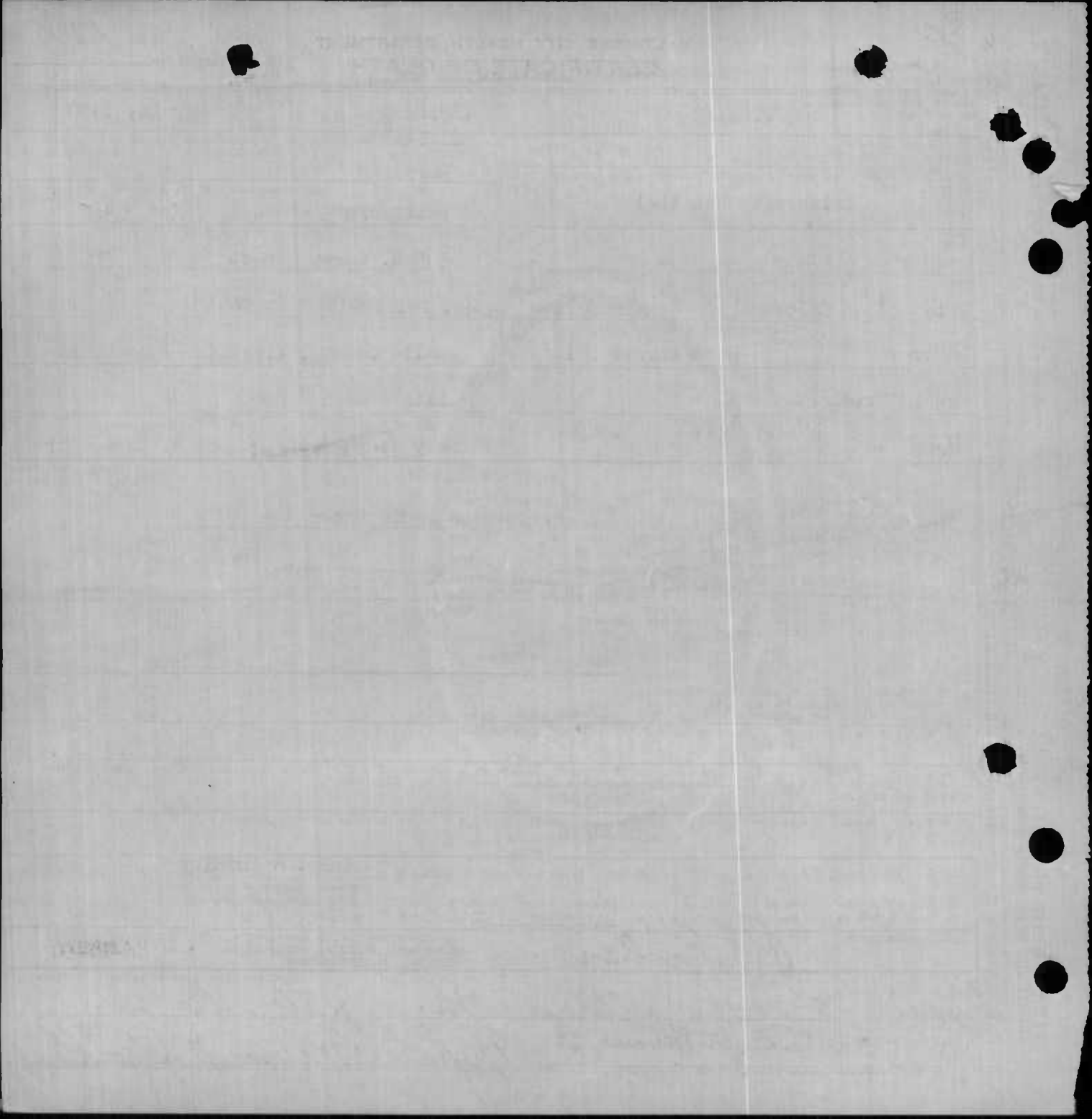
18. <u>541.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <u>Perforated peptic ulcer</u> DUE TO (B) _____ DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH
---	--	--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an <u>Insp. & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				

23A. SIGNATURE <u>R. Fisher</u> M.D.		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		25C. DATE SIGNED 5-25-50
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Shipped</u>	24B. DATE 5-27-1950	24C. NAME OF CEMETERY OR CREMATORY <u>Gettysville Pa.</u>	24D. LOCATION (City, town, or county) (State) <u>Gettysville Pa.</u>	
DATE RECEIVED BY LOCAL REGISTRAR MAY 26 1950		25. FUNERAL DIRECTOR <u>Wm. R. Williams & Schroeder</u>		

9884V

117a ✓



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4731
Registered No.

50 4731
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Thomas V. Early			2. DATE OF DEATH May 24, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2801 Hemlock Rd.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-06		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 2801 Hemlock Rd.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 22, 1875	9. AGE (In years last birthday) 74	If Under 1 Year Months: 6 Days: 2 If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pattern Maker		10B. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Thomas Early			14. MOTHER'S MAIDEN NAME Lucinda J. Daiger		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 216-03-4828	17. INFORMANT ADDRESS Rosa V. Early 2801 Hemlock Rd.		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion	CAUSE OF DEATH Coronary Occlusion	INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized arteriosclerosis	DUE TO Generalized arteriosclerosis	5 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept. 1949 to May 24, 1950 , that I last saw the deceased alive on May 23, 1950 , and that death occurred at 4:30 Pm. , from the causes and on the date stated above.					
23A. SIGNATURE Lloyd E. Taylor M. D.		23B. ADDRESS 3902 Greenmount		23C. DATE SIGNED May 25, 50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE May 27, 1950	24C. NAME OF CEMETERY OR CREMATORY Loudon Park	24D. LOCATION (City, town, or county) (State) Baltimore		

DATE RECEIVED BY LOCAL REGISTRAR MAY 26 1950	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Fredrick A. Cole	ADDRESS 1913 W. Balto. St
--	---	---	-------------------------------------

VS 150

34429

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. J. E. Sayre
3902 Hecimount ave

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4732

BIRTH NO. 50-28904

1. NAME OF DECEASED
(Type or Print)

BABY BOY BOTTERILL

2. DATE
OF
DEATH

May 24, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNIVERSITY HOSPITAL

C. Length of stay in Baltimore

1

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 13-08

D. STREET ADDRESS (If rural, give location)

2170 DRUID PARK DRIVE

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

INFANT

10B. KIND OF BUSINESS OR INDUSTRY

-

8. DATE OF BIRTH

MAY 23, 1950

9. AGE (In years last birthday)

11 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

- 13 15

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

BERTRAM EMIL BOTTERILL

14. MOTHER'S MAIDEN NAME

JOSEPHINE GEORGETTE McCAULEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

NO

16. SOCIAL SECURITY NO.

FATHER

ADDRESS

2170 Druid PK Drive

18. 762.5

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

Foetal atelectasis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Prematurity

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

1- Nasal tip & bilateral cleft palate
2- Umbilical cord hemorrhage
3- Head & neck burns of left arm & buttocks

INTERVAL BETWEEN ONSET AND DEATH

13 hrs

19A. DATE OF OPERATION

no

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

no

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

no

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 23, 1950, to May 24, 1950, that I last saw the deceased alive on May 24, 1950, and that death occurred at 9:30 AM., from the causes and on the date stated above.

23A. SIGNATURE

Jerome Amburge

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

5-24-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL MAY 24 1950

DATE RECEIVED BY LOCAL REGISTRAR

MAY 26 1950

REGISTRAR'S SIGNATURE

Tunington Williams, M.D.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

Dr. F. Adams, Jr. to Dr. F. Adams,
who, after consulting, University,
ruled out burn - Corbin's skeleton.

5/25/50 - Es. 1000

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

260 X 50 4733
Registered No. 50-4733

BIRTH NO. 50 4733

1. NAME OF DECEASED
(Type or Print)

Edith Susan Campbell

2. DATE OF DEATH **May 25, 1950**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**
B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
60 2075 Rockrose Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Baltimore 13-08

D. STREET ADDRESS (If rural, give location)

2075 Rockrose Ave.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Feb. 13, ? about 57

9. AGE (In years last birthday)

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife

10B. KIND OF BUSINESS OR INDUSTRY
home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

David V. Smelser

14. MOTHER'S MAIDEN NAME

Clara Schaffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.
none

17. INFORMANT ADDRESS
Mr. Benjamin H. Campbell-2525 Woodbrook Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Diabetes mellitus**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Amputation both legs due to gangrene**

DUE TO

(C) **age**

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-2-1950** to **5-24-1950**, that I last saw the deceased alive on **5-24-1950** and that death occurred at **7:10A m.**, from the causes and on the date stated above.

23A. SIGNATURE

Herbert C. Blake

23B. ADDRESS

Med. Arts Bldg.

23C. DATE SIGNED

5-25-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-27-50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

5-26-50

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

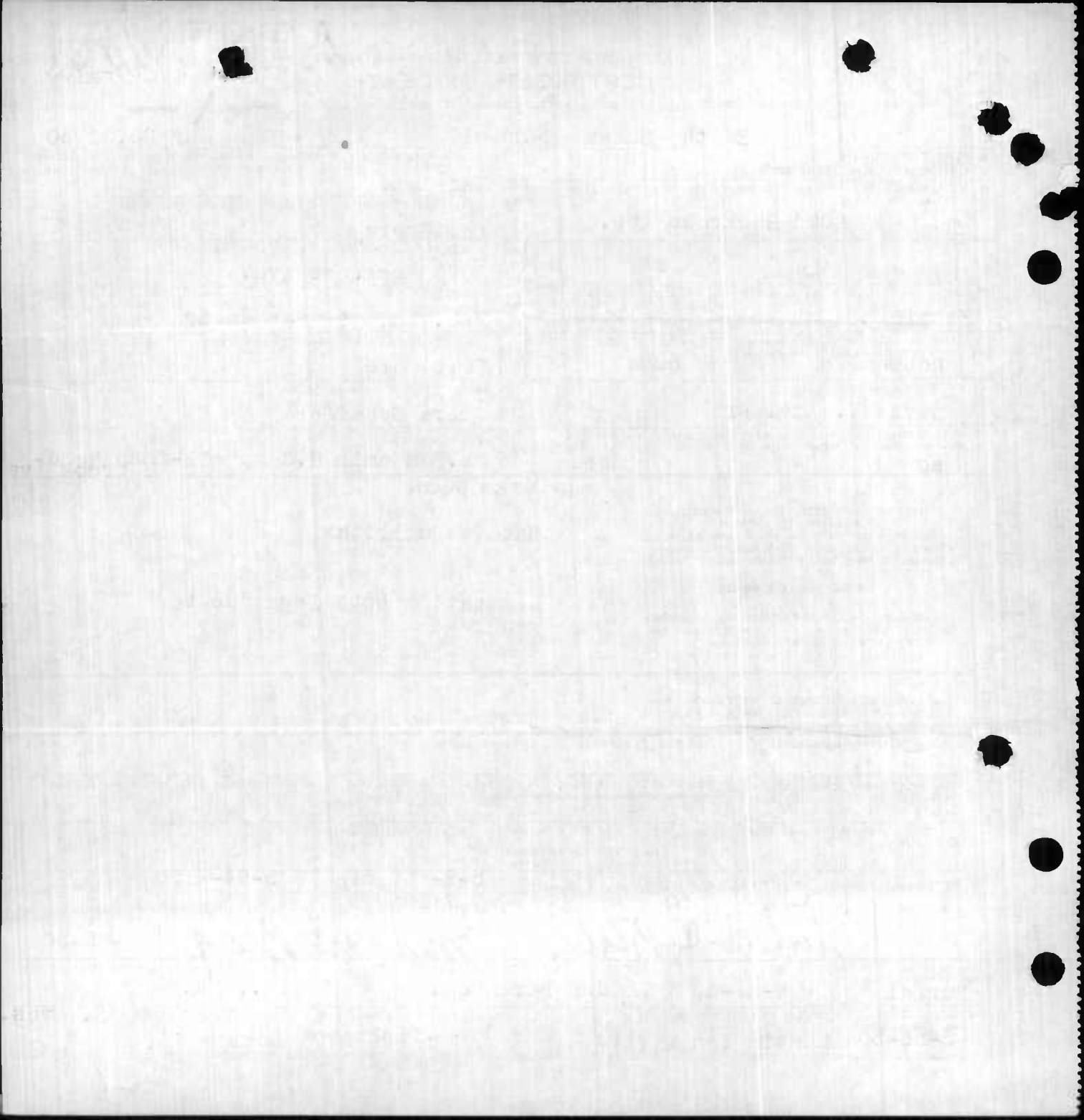
25. FUNERAL DIRECTOR

Wm. J. Tickner & Sons

North & Pa. Aves.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4734

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MUNNINGS, EDWARD

2. DATE
OF
DEATH

MAY 25, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

Md

Howard

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

38

University

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Elkridge

6200

D. STREET ADDRESS (If rural, give location)

Harwood Park

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 7, 1873

9. AGE (In years;
last birthday)

77

10 Under 1 Year
Months; Days11 Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Stationary Engineer-Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Y.M.C.A

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles Munnings

14. MOTHER'S MAIDEN NAME

Susan ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

None

16. SOCIAL
SECURITY NO.

212-03-5841

17. INFORMANT

ADDRESS

Mr. Albert L. Parrott 2119 Loudon Ave.

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

3 Week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

none

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 6, 1950, to May 21, 1950, that I last saw the
deceased alive on May 5, 1950, and that death occurred at 9:05 A.M., from the causes and on the date stated above.

23A. SIGNATURE

David Auld

M. D.

23B. ADDRESS

Univ Hosp

23C. DATE SIGNED

5-25-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/29/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Pk. Cem.

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 26 1950

REGISTRAR'S SIGNATURE

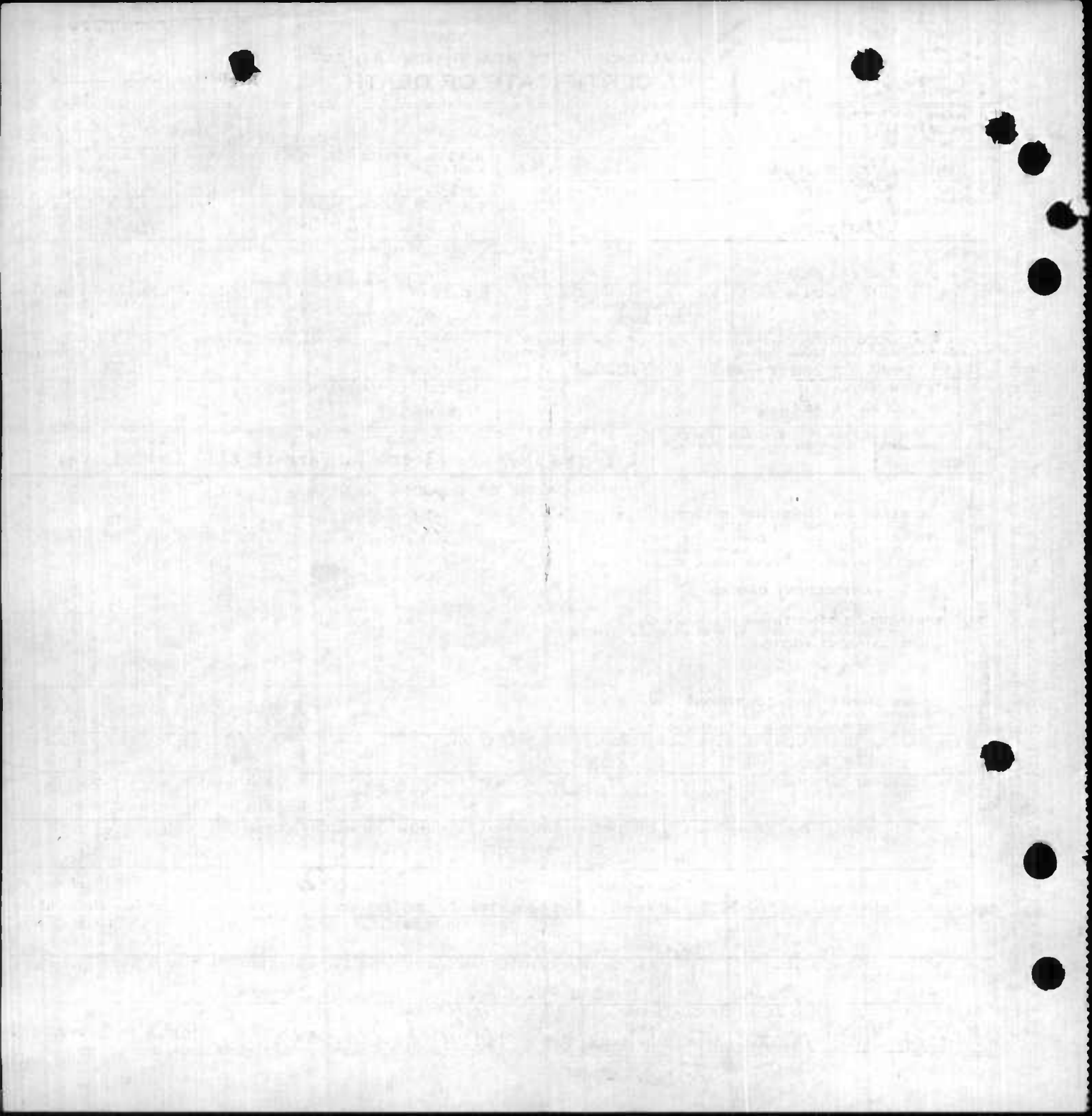
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Teckner & Son

ADDRESS

North & Pa. Aves.



PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4735
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frances Elizabeth Wilson

2. DATE
OF DEATH

May 24, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland.

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

28-01

D. STREET ADDRESS (If rural, give location)

4207 Penhurst Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

B. DATE OF BIRTH

Dec. 20, 1886

9. AGE (In years last birthday)

63

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Maryland.

12. CITIZEN OF WHAT COUNTRY?

United States

13. FATHER'S NAME

William B. Johnston

14. MOTHER'S MAIDEN NAME

Mary Engel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs. Luther R. Wilson 4207 Penhurst Ave.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) PULMONARY INFARCTS, MULTIPLE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) A-SH D. C. MYOCARDIAL

DUE TO

INFARCTION (OLD)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from April 1, 1950, to May 24, 1950, that I last saw the deceased alive on May 24, 1950, and that death occurred at 8:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Richard R. Beach

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

5/25/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-27-50

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams

25. FUNERAL DIRECTOR

ADDRESS

North & Pa. Aves. Baltimore, Md.

VS 150

93D

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4736

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Julia A. Wise

2. DATE
OF
DEATH

5/25/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Sinai Hospital

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

2771 W. North Avenue #16

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

15-06

c. Length of stay in Baltimore

54 years

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct 5, 1877

9. AGE (In years last birthday)

72

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Bessie C. Colombo

ADDRESS

3301

18. *331X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebrovascular Accident*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *5-20*, 19*50*, to *5-25*, 19*50*, that I last saw the deceased alive on *5-25*, 19*50*, and that death occurred at *11* *46* P.M., from the causes and on the date stated above.

23A. SIGNATURE

Jerome Gaber

M. D.

23B. ADDRESS

Sinai Hosp.

23C. DATE SIGNED

5-26-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

5/29/50

London Park

Baltimore

MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

May 26 1950

Christington Williams, M.D.

Porter B. M. Walters

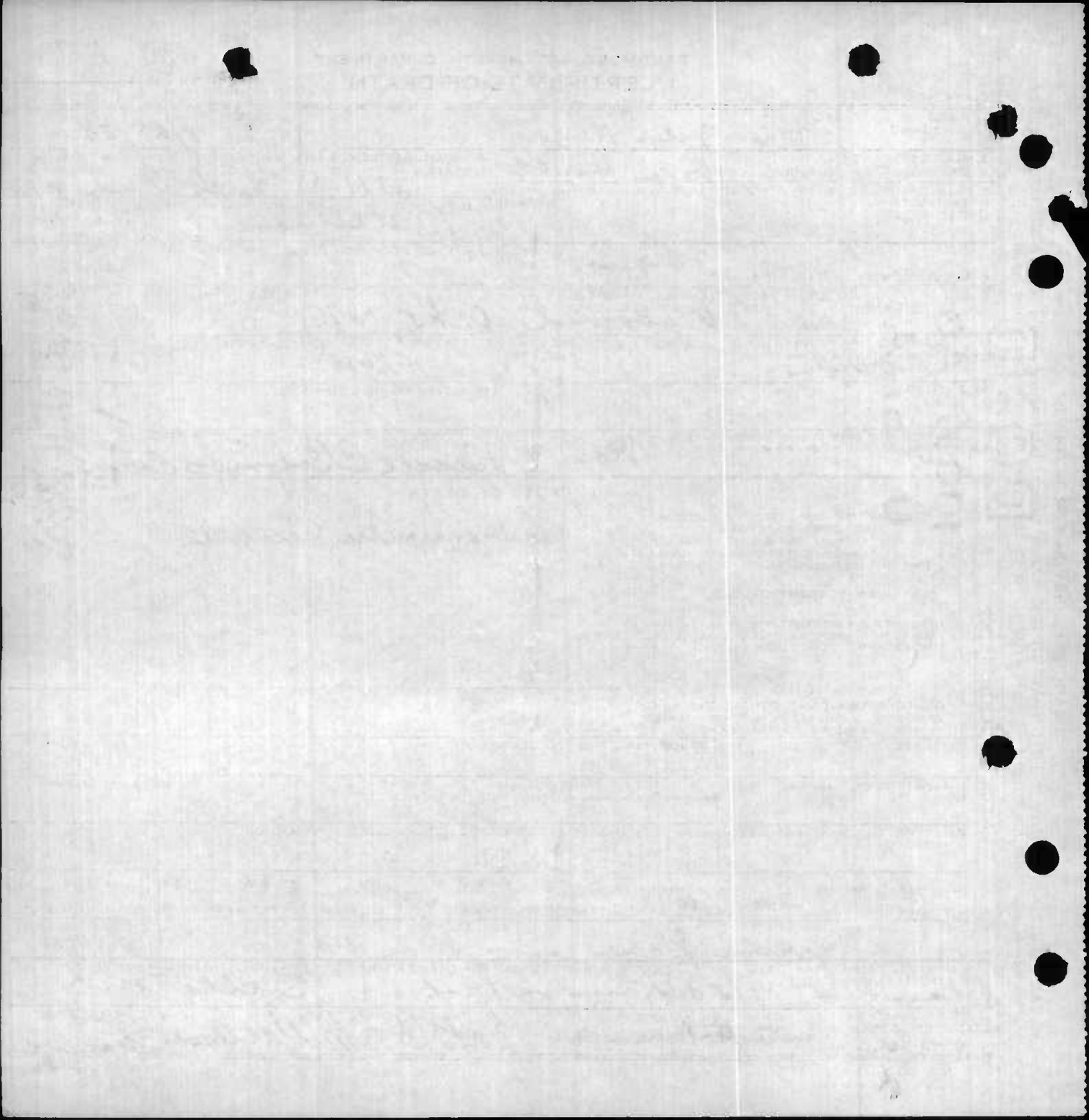
Stucky

VS 150

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4737
Registered No.

BIRTH NO. 50-09696

1. NAME OF DECEASED
(Type or Print)

Baby Whorl

2. DATE OF DEATH May 12, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

The Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 10-01

D. STREET ADDRESS (If rural, give location)
1201 E. Preston Street

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

May 12, 1950

9. AGE (In years last birthday)

10 Under 1 Year Months Days

11 Under 24 Hours Hours Min. 32

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Morris Whorl

14. MOTHER'S MAIDEN NAME

Ruth Valentine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records

18. 760.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Subarachnoid hemorrhage

32 minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Birth trauma

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 12, 1950 to May 12, 1950 that I last saw the deceased alive on May 12, 1950 and that death occurred at 7:21 A.M., from the causes and on the date stated above.

23A. SIGNATURE

William L. Hartmann M.D.

23B. ADDRESS

601 N. Broadway

23C. DATE SIGNED

May 18, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Hospital Disposal

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

MAY 26 1950

IN THE OFFICE OF THE SECRETARY OF THE ARMY
WASHINGTON, D. C.

1. NAME OF THE PERSON
2. GRADE OR POSITION

3. DATE OF BIRTH
4. DATE OF DEATH

5. PLACE OF BIRTH
6. PLACE OF DEATH

7. SERVICE NUMBER
8. GRADE OR POSITION

9. DATE OF ENTRY INTO SERVICE
10. DATE OF DISCHARGE

11. PLACE OF ENTRY INTO SERVICE
12. PLACE OF DISCHARGE

13. SERVICE NUMBER
14. GRADE OR POSITION

15. DATE OF ENTRY INTO SERVICE
16. DATE OF DISCHARGE

17. PLACE OF ENTRY INTO SERVICE
18. PLACE OF DISCHARGE

19. SERVICE NUMBER
20. GRADE OR POSITION

21. DATE OF ENTRY INTO SERVICE
22. DATE OF DISCHARGE

23. PLACE OF ENTRY INTO SERVICE
24. PLACE OF DISCHARGE

25. SERVICE NUMBER
26. GRADE OR POSITION

27. DATE OF ENTRY INTO SERVICE
28. DATE OF DISCHARGE

29. PLACE OF ENTRY INTO SERVICE
30. PLACE OF DISCHARGE

31. SERVICE NUMBER
32. GRADE OR POSITION

33. DATE OF ENTRY INTO SERVICE
34. DATE OF DISCHARGE

35. PLACE OF ENTRY INTO SERVICE
36. PLACE OF DISCHARGE

37. SERVICE NUMBER
38. GRADE OR POSITION

39. DATE OF ENTRY INTO SERVICE
40. DATE OF DISCHARGE

41. PLACE OF ENTRY INTO SERVICE
42. PLACE OF DISCHARGE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4738
Registered No. _____

BIRTH NO. 50-09695

1. NAME OF DECEASED
(Type or Print)

Baby Copes

2. DATE
OF
DEATH

May 13, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

The Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

5-01

D. STREET ADDRESS (If rural, give location)

1439 E. Fayette Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

MALE

Negro

Single

May 13, 1950

2

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Harvey Johnson

14. MOTHER'S MAIDEN NAME

Ethel Copes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records

18.

759.3

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Multiple congenital anem-
due to alies incompatible
with life

2 hrs 22
minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 13, 1950 to May 14, 1950 that I last saw the deceased alive on May 14, 1950, and that death occurred at 1:22A m., from the causes and on the date stated above.

23A. SIGNATURE

William L. Hartmann

M. D.

23B. ADDRESS

601 N. Broadway

23C. DATE SIGNED

May 17, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Hospital Disposal

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William L. Hartmann, M.D.

25. FUNERAL DIRECTOR

ADDRESS

MAY 26 1950

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of medical examiner		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of health officer		18. Signature of local health officer		19. Signature of local health officer		20. Signature of local health officer	
21. Signature of local health officer		22. Signature of local health officer		23. Signature of local health officer		24. Signature of local health officer	
25. Signature of local health officer		26. Signature of local health officer		27. Signature of local health officer		28. Signature of local health officer	
29. Signature of local health officer		30. Signature of local health officer		31. Signature of local health officer		32. Signature of local health officer	
33. Signature of local health officer		34. Signature of local health officer		35. Signature of local health officer		36. Signature of local health officer	
37. Signature of local health officer		38. Signature of local health officer		39. Signature of local health officer		40. Signature of local health officer	
41. Signature of local health officer		42. Signature of local health officer		43. Signature of local health officer		44. Signature of local health officer	
45. Signature of local health officer		46. Signature of local health officer		47. Signature of local health officer		48. Signature of local health officer	
49. Signature of local health officer		50. Signature of local health officer		51. Signature of local health officer		52. Signature of local health officer	
53. Signature of local health officer		54. Signature of local health officer		55. Signature of local health officer		56. Signature of local health officer	
57. Signature of local health officer		58. Signature of local health officer		59. Signature of local health officer		60. Signature of local health officer	
61. Signature of local health officer		62. Signature of local health officer		63. Signature of local health officer		64. Signature of local health officer	
65. Signature of local health officer		66. Signature of local health officer		67. Signature of local health officer		68. Signature of local health officer	
69. Signature of local health officer		70. Signature of local health officer		71. Signature of local health officer		72. Signature of local health officer	
73. Signature of local health officer		74. Signature of local health officer		75. Signature of local health officer		76. Signature of local health officer	
77. Signature of local health officer		78. Signature of local health officer		79. Signature of local health officer		80. Signature of local health officer	
81. Signature of local health officer		82. Signature of local health officer		83. Signature of local health officer		84. Signature of local health officer	
85. Signature of local health officer		86. Signature of local health officer		87. Signature of local health officer		88. Signature of local health officer	
89. Signature of local health officer		90. Signature of local health officer		91. Signature of local health officer		92. Signature of local health officer	
93. Signature of local health officer		94. Signature of local health officer		95. Signature of local health officer		96. Signature of local health officer	
97. Signature of local health officer		98. Signature of local health officer		99. Signature of local health officer		100. Signature of local health officer	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4739

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

August Rimbach

2. DATE
OF
DEATHMay 25th 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2051 Kennedy Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 23, 1950, to May 25, 1950 that I last saw the
deceased alive on May 24, 1950 and that death occurred at 7:54 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Lloyd E. Saylor M. D.

3902 Greenmount Ave.

May 25, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRARREGISTRAR'S SIGNATURE
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Burial May 27, 1950 Holy Redeemer Belair Road

Geo. S. Leach 1701-03 N. Patterson Park

VS 150

94a Ave

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Mr Taylor 3902 Greenmount Ave

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

50 4740

BIRTH NO.

2. NAME OF DECEASED
(Type or Print)

Ida Mae Jones

2. DATE
OF
DEATH

5-24-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

23-01

D. STREET ADDRESS (If rural, give location)

174 Hamburg St. -30

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

5-24-50 10/3/13

9. AGE (In years
last birthday)

36

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Basin Williams

14. MOTHER'S MAIDEN NAME

Alverta ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.

18. J25X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cor Pulmonale

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Pulmonary Fibrosis & Bronchiectatic
abscess

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 5-18-____, 1950, to May 24____, 1950 that I last saw the
deceased alive on May 24____, 1950, and that death occurred at 3:40AM from the causes and on the date stated above.

23A. SIGNATURE

J. H. Rogers

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

5-25-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

May 26 1950

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

R. H. Hartman 918 Bond
106 B

Letter in document file 50-4740-6/7/50.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4741

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Mattie E. Marsh

2. DATE
OF
DEATH

May 23, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)Garrison Nursing Home
2803 Garrison Blvd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

902 W. 37th Street

c. Length of stay in Baltimore

50 years

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Nov. 2, 1878

9. AGE (In years
last birthday) Months Days Hours Min.

71

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?
U S A

13. FATHER'S NAME

John Wilcoxon

14. MOTHER'S MAIDEN NAME

Mary E. ---

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Rachel M. Gates Rockville, Maryland

18. 331 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arterio-Sclerotic Hypertension

(C)

INTERVAL BETWEEN
ONSET AND DEATH

8 mo

4 yr

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1948 to May 23, 1950, that I last saw the
deceased alive on May 22, 1950, and that death occurred at 5:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Hubert M. Foster

M. D.

23B. ADDRESS

2824 St. Paul

23C. DATE SIGNED

May 24-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 26, 1950

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county) (State)

Baltimore Co., Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Burgee Funeral Home 3631 Falls Road

CENTROSTATE OF TEXAS

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4742
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Richard H. Lewis

2. DATE
OF
DEATH May 24, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1208 Cox Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1208 Cox Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 21, 1879

9. AGE (In years
last birthday)

70

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Grocer Retired 5 years

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Lewis

14. MOTHER'S MAIDEN NAME

Martha J. Frances

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, No or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Grace M. Lewis 1208 Cox Street

18.

180X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Tumor left kidney
DUE TO malignant with carcinoma metastasis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

INTERVAL BETWEEN
ONSET AND DEATH

Several
years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 18, 1949 to May 24, 1950, that I last saw the deceased alive on May 24, 1950, and that death occurred at 9:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

May 27, 1950

Moreland Memorial Park

Baltimore Co., Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 26 1950

Wilmington Williams, M.D.

Burgee Funeral Home

3631 Falls Road

VS 150

15661

52a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

James left letter

02 24/10/50 14 12/11

6/26/50

07 24/10/50

James left letter

Letter in document file 50-4742-6/26/50.

Mr. Macman

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **50 4743**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John William Willett

2. DATE
OF
DEATH

May 24, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

1321 W. 40th Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1321 W. 40th Street

C. Length of stay in Baltimore

50 years

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 28, 1896

9. AGE (In years last birthday)

53

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shop Foreman

10B. KIND OF BUSINESS OR INDUSTRY

B & O Railroad

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U S A

13. FATHER'S NAME

John W. Willett

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If Yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.
705-05-2070

17. INFORMANT

Mrs. Irene F. Willett

ADDRESS

1321 W. 40th Street

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Coronary Thrombosis**
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

5 Min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 1950** to **May 24, 1950**, that I last saw the deceased alive on **May 24, 1950**, and that death occurred at **11:10 P.M.** from the causes and on the date stated above.

23A. SIGNATURE

Edward F. Harrison M.D.

23B. ADDRESS

4035 E. Rd.

23C. DATE SIGNED

5/25/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 27, 1950

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Burgee Funeral Home

3631 Falls Road

Correspondence

1970
10/10/70
10/10/70

Mr. Klammann

H-600
50 4744

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4744

Registered No. _____

BIRTH NO. _____

NAME OF DECEASED
(Type or Print)

Mrs. Virginia M. Hare

2. DATE
OF
DEATH May 24, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY _____

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Pine Ridge Nursing Home
4703 Hampnett Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4609 Schenley Road

c. Length of stay in Baltimore

50 years

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

April 21, 1875

9. AGE (In years
last birthday)

75

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U S A

13. FATHER'S NAME

George A. Hager

14. MOTHER'S MAIDEN NAME

Laura K. Boring

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS
Ross B. Hager 703 Glen Allen Drive

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE, (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

8 6 m

5 1 yr

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 May 1950 to 24 May 1950, that I last saw the
deceased alive on 23 May 1950, and that death occurred at 7:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 27, 1950

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county) (State)

Greenmount, Carroll Co., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 26 1950

Washington Williams, M.D.

Burgee Funeral Home 3631 Falls Road

VS 150

50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

Mr. Fred B. Case Jr.
2843 St. Paul St.
No. 7141

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4745

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

JOSEPH POMPILO GIANDOMENICO

2. DATE OF DEATH
May 24, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2628 E. Chase St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 8-03

D. STREET ADDRESS (If rural, give location)
2628 E. Chase Street

c. Length of stay in Baltimore 47 years
Yrs. Mos. Days

5. SEX male 6. COLOR OR RACE white 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Dec. 28, 1892 9. AGE (In years last birthday) 57 10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor 10B. KIND OF BUSINESS OR INDUSTRY Own Business

11. BIRTHPLACE (State or foreign country) Italy 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME

Fabian Giandomenico

14. MOTHER'S MAIDEN NAME

Anna Bautto

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Vera Giandomenico, wife, 2628 E. Chase St.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Generalized Carcinoma of the

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) Carcinoma of the Pancreas

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 4-8, 1948, to 5-24, 1950, that I last saw the deceased alive on 5-24, 1950, and that death occurred at 3 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

May 27, 1950

Holy Rosary Cem.

German Hill Rd., Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

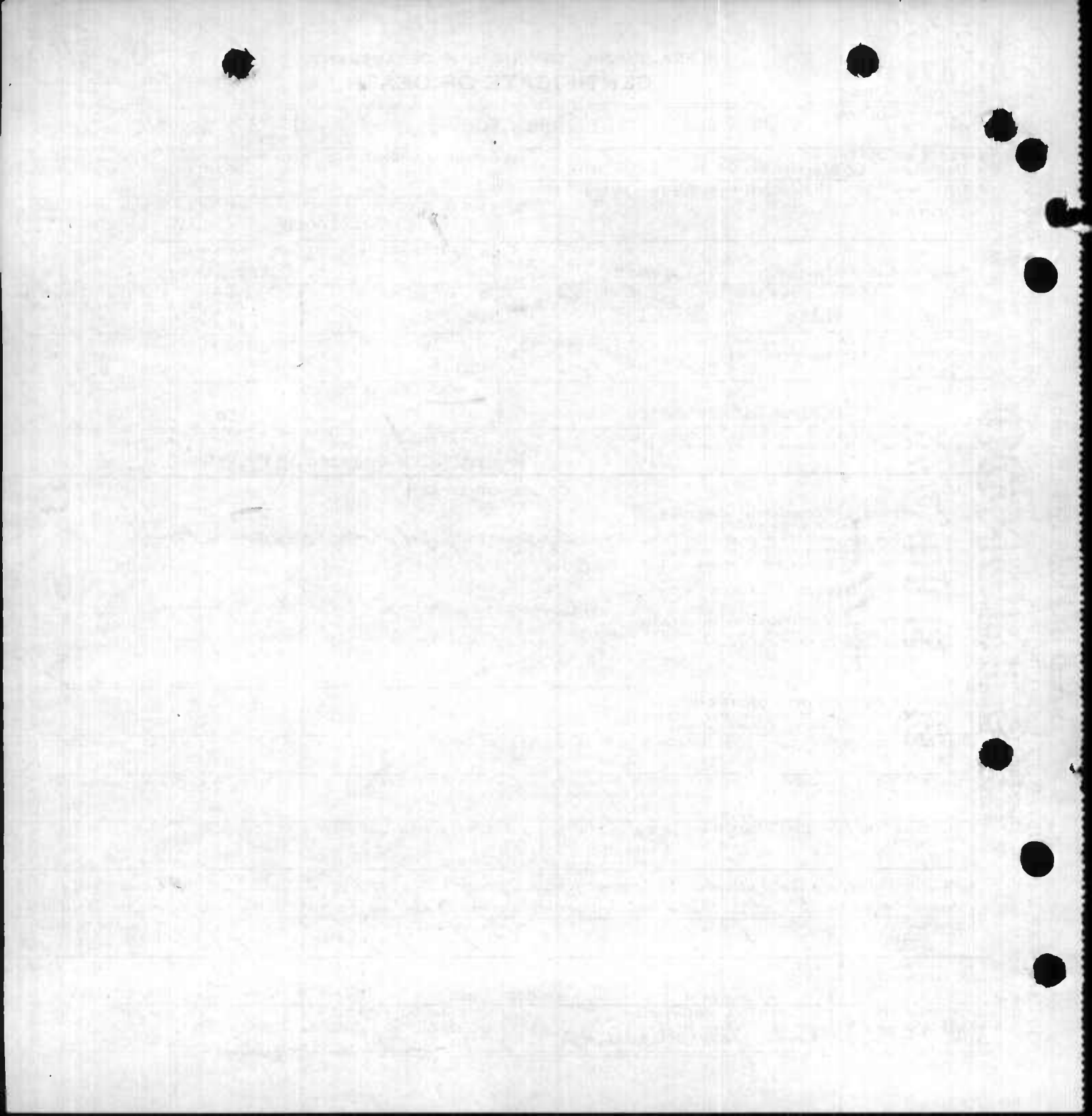
25. FUNERAL DIRECTOR

ADDRESS

MAY 26 1950

Wilmington Williams, Md.

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

50 4746

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Mary Anna Ehoff

2. DATE
OF
DEATH

5-25-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Women's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-20

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3906 W. Strathmore Ave

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 17, 1864

9. AGE (In years
last birthday)

85

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Albert Schuman

14. MOTHER'S MAIDEN NAME

Zeigler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

HOSPITAL RECORDS

ADDRESS

18. 334 X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acidosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Severe dehydration & malnutrition

DUE TO

(C) Cerebral Arteriosclerosis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 5-23-50, 19__, to 5-25-50, 19__, that I last saw the deceased alive on 5-25-50, 19__, and that death occurred at 5:22 A.M., from the causes and on the date stated above.

23A. SIGNATURE

H.C. Wheeler

M.D.

23B. ADDRESS

Women's Hospital

23C. DATE SIGNED

5-25-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

5/27/50

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 26 1950

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

Vernon Zimmerman, 4611 Park Heights

ADDRESS

For the use of the
Bureau of Public Health

General Hospital

For the use of the
Bureau of Public Health

For the use of the
Bureau of Public Health

General Hospital

For the use of the
Bureau of Public Health

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For the use of the
Bureau of Public Health

For the use of the
Bureau of Public Health

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

50 4747

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPHINE SOVICH

2. DATE
OF
DEATH

MAY 24 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

MERCY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

2-00

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

209 S REGESTER ST.

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

SEPT 2 1933

9. AGE (In years
last birthday)

16

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

STUDENT

10B. KIND OF BUSINESS OR INDUSTRY

AT SCHOOL

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

STEVEN SOVICH

14. MOTHER'S MAIDEN NAME

MARY EVANOSICH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

MARY SOVICH 209 S REGESTER ST

18. 330X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) SUBARACHNOID HEMORRHAGE

2 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

CERTIFICATION APPROVED BY

R. Fisher

M. D.

CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-24-1950 to 5-24-1950 that I last saw the deceased alive on 5-24-1950, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Allyn F. Judd

M. D.

23B. ADDRESS

3400 N. Md.
Mercy Hospital

23C. DATE SIGNED

5-26-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

13A. B. DATE

MAY 27 1950

HOLY REDEEMER CEM

4430 BELAIR RD.

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Christington Williams, M.D.

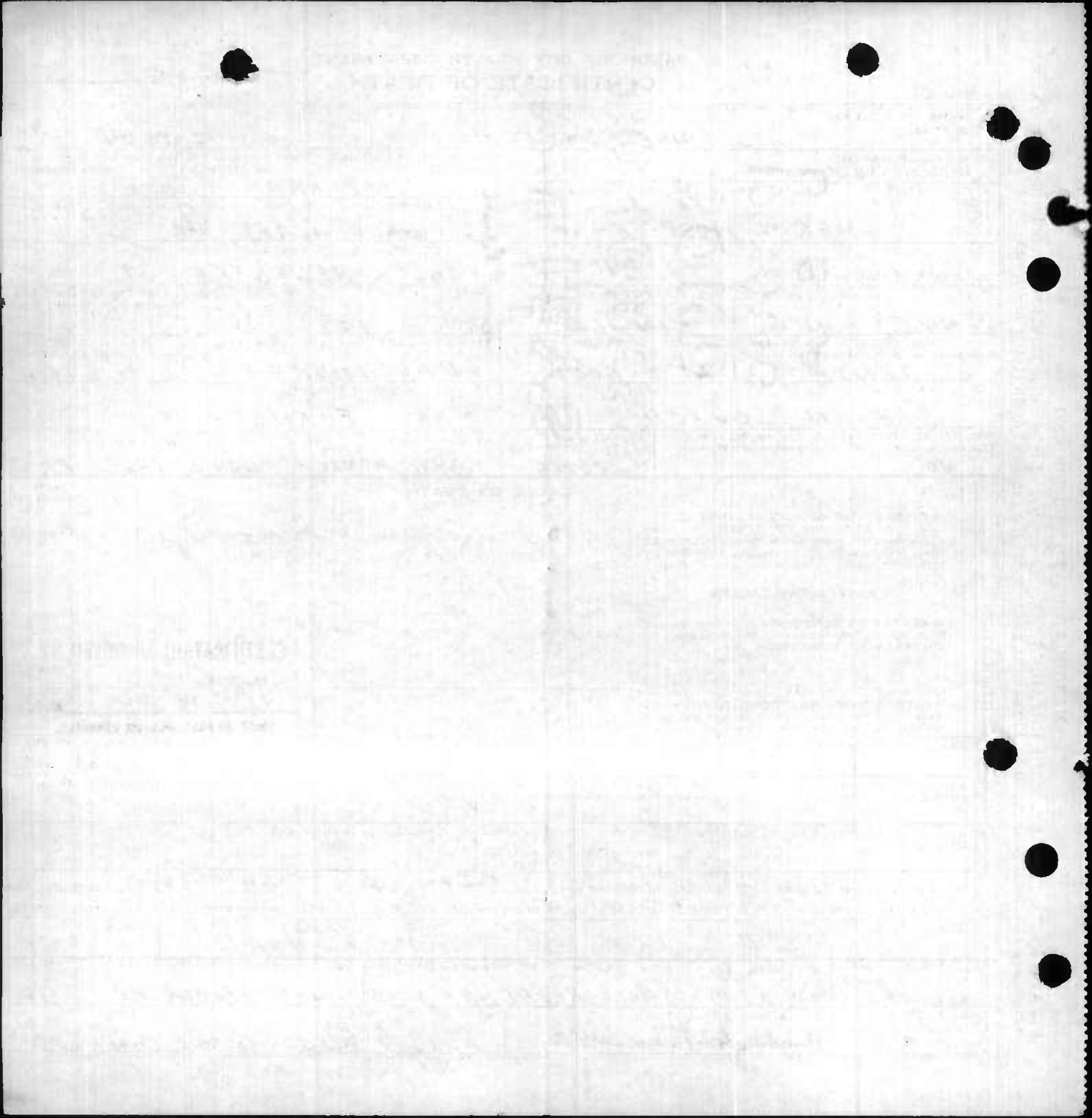
25. FUNERAL DIRECTOR

ADDRESS

Duffel Bros 1800 E LOMBARD ST

VS 150

83a



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **50 4748**

 BIRTH NO. **50 4748**

 1. NAME OF DECEASED
(Type or Print)

Beatrice Edmonds

 2. DATE
OF
DEATH

May 23, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1411 W. Lafayette Ave

C. Length of stay in Baltimore

5 years

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W.

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write U.S. and give township)

Balto

D. STREET ADDRESS (If rural, give location)

1411 W. Lafayette Ave

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pa

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Edward Graue

14. MOTHER'S MAIDEN NAME

Jannine Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Jannine Perkins 1411 W. Lafayette Ave

 18. **442X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cardio - Vascular - Renal -

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Essential Hypertension

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

No

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

 YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

no

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

no

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

no

 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

m.

21F. HOW DID INJURY OCCUR?

 22. I hereby certify that I attended the deceased from **May 20 1950** to **May 23 1950** that I last saw the deceased alive on **May 23 1950** and that death occurred at **1:40 AM**, from the causes and on the date stated above.

23A. SIGNATURE

Wm. L. Jones

M. D.

23B. ADDRESS

1300 N. Fremont St. 5/24/50

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/27/50

24C. NAME OF CEMETERY OR CREMATORY

Lancaster

24D. LOCATION (City, town, or county)

Lancaster Co. Va

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 26 1950

REGISTRAR'S SIGNATURE

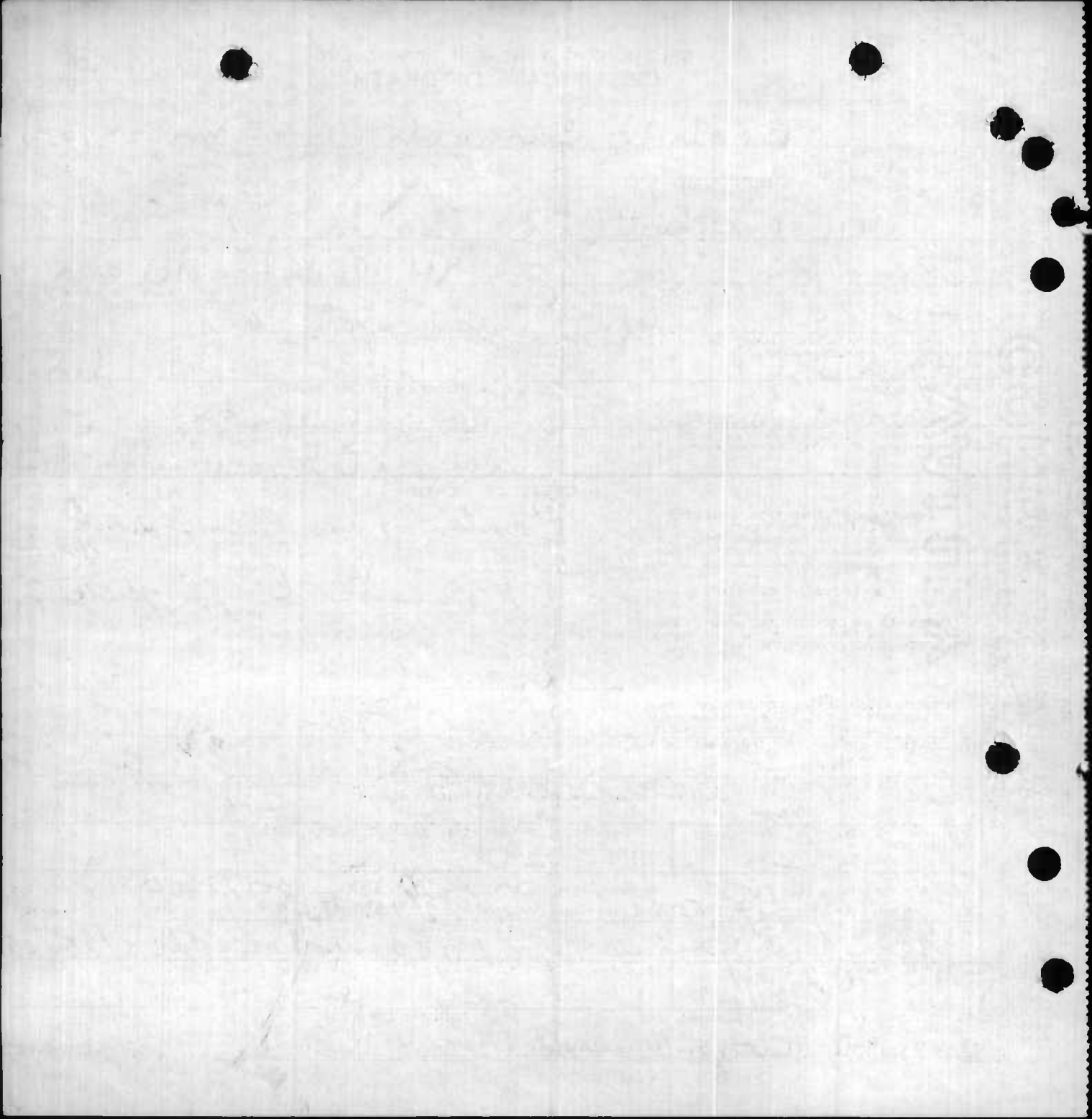
Huntington Williams

25. FUNERAL DIRECTOR

Geo. H. Kelson

ADDRESS

1303 Preselman



S-536

50 4749

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4749
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ERNA BERTHA SCHNEIDER

2. DATE
OF
DEATH

MAY 25, 1950

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE B. COUNTY before admission)

MARYLAND

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

6103 READY AVENUE

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 27-48

d. STREET ADDRESS (If rural, give location)

6103 READY AVENUE

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JULY 7, 1883

9. AGE (In years,
last birthday)

66

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR
INDUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

FRANK G. CYPULL

14. MOTHER'S MAIDEN NAME

LOUISA A. GREY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT ADDRESS
SEMON SCHNEIDER, 6103 READY AVE.
BALTO. 13, MD.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary Occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive C. Vasc. Disease

II

(C) DUE TO

Atherosclerosis

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 13, 1950, to May 25, 1950, that I last saw the deceased alive on May 23, 1950, and that death occurred at 3:45 AM, from the causes and on the date stated above.

23a. SIGNATURE

Chas. E. Carr Jr.

M. D.

23b. ADDRESS

6007 York Rd

23c. DATE SIGNED

5/26/50

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24b. DATE

MAY 28, 1950

24c. NAME OF CEMETERY OR CREMATORY

ST. JOHN'S LUTHERN CEM.

24d. LOCATION (City, town, or county)

BLENHEIM, BALTO. CO., MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

JOHN BURNS' SONS, TOWSON, MD.

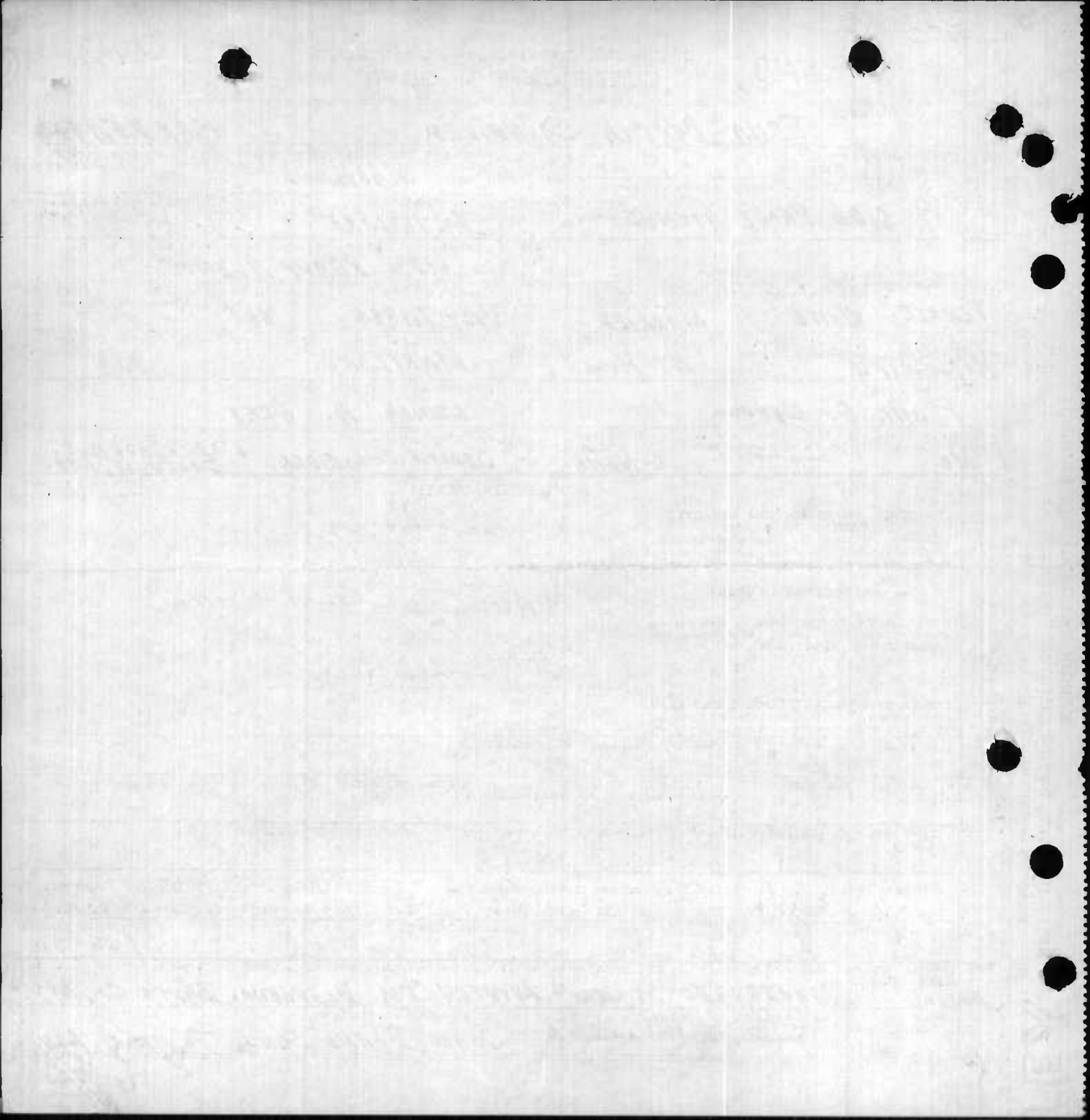
MAY 26 1950

937

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



S-616

REA 136177

50

4750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 4750
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Schreiber

2. DATE
OF
DEATH

5-25-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hosp. 4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

24-01

D. STREET ADDRESS (If rural, give location)

1112 Hull Street - 30

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

Jan. 6, 1891

9. AGE (In years
last birthday)

59

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

STEVED ORG

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Herman Schreiber

14. MOTHER'S MAIDEN NAME

Molly ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Records Balto. City Hosp. Eastern Avenue

18. 002X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Adhesive Pericarditis

19A. DATE OF OPERATION

3-15-50

19B. MAJOR FINDINGS OF OPERATION

Amputation of finger

Bleeding Pepticulcer

20. AUTOPSY?

YES ☐ No ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2-28, 1950, to 5-25, 1950, that I last saw the deceased alive on 5-25, 1950, and that death occurred at 4:32A. m., from the causes and on the date stated above.

23A. SIGNATURE

H. Rogers

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

5-26-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-27-50

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cem

24D. LOCATION (City, town, or county)

C. C. C.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Charles L. Bell

ADDRESS

15018 Fair Ave

MAY 26 1950

VS 150

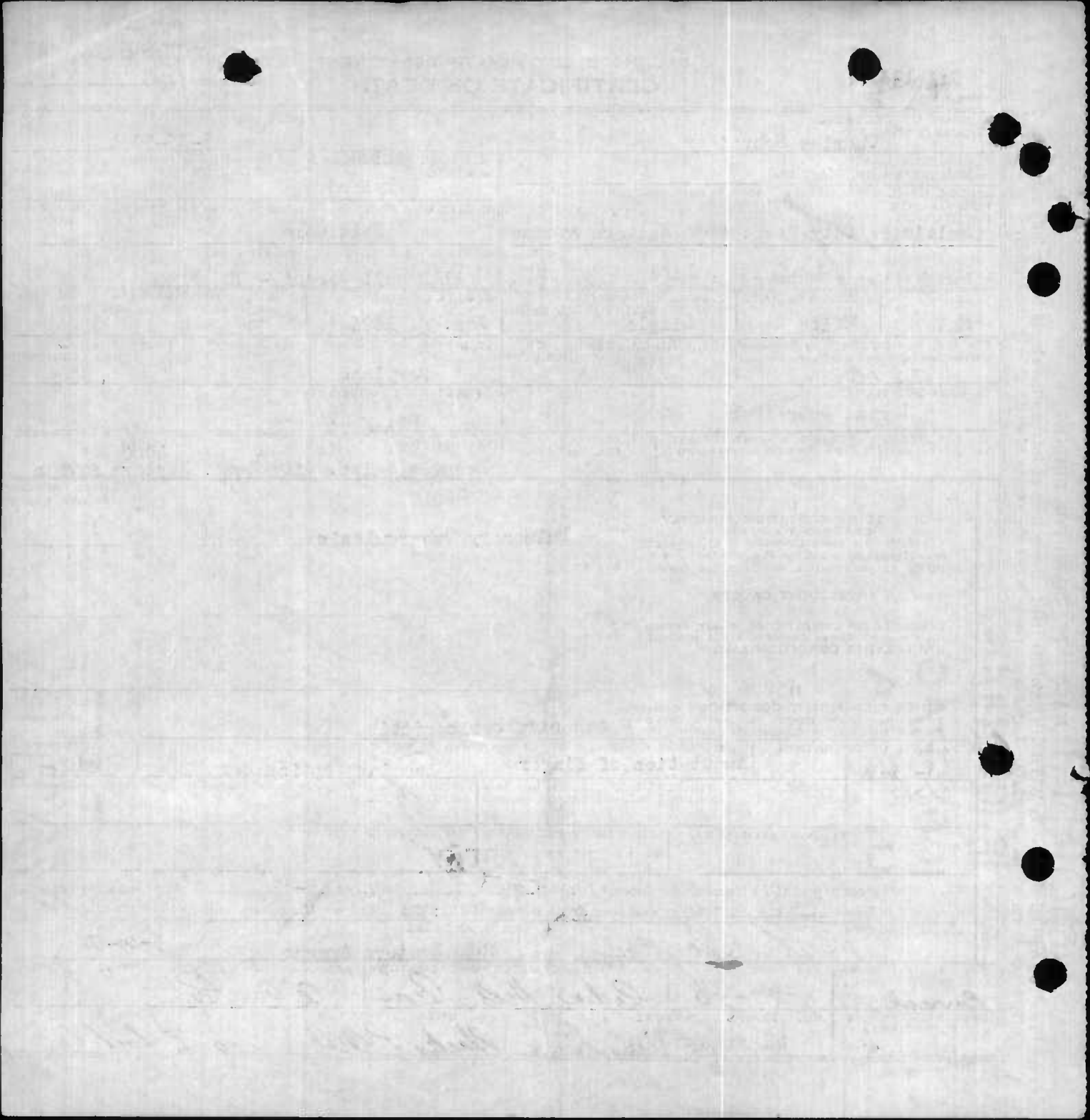
90651

13B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4751

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Annie W. Zeller

2. DATE
OF
DEATH

5/26/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Hood Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Catonsville

5200

D. STREET ADDRESS (If rural, give location)

8 Carroll Road

c. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

12/26/1866

9. AGE (In years
last birthday)

83

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Work

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Dorchester Co.

12. CITIZEN OF
WHAT COUNTRY?

U S A

13. FATHER'S NAME

Thomas J. Marine

14. MOTHER'S MAIDEN NAME

Elizabeth Kraft

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

No

17. INFORMANT

ADDRESS

Ada Fromm 8 Carroll Rd. (28) Md.

18.

443 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

3 da.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive Cardio-Vasc. Disease

15 yr.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Apr. 20, 1947, to May 26, 1950, that I last saw the
deceased alive on 5/25, 1950, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

William K. Gallager

M. D.

23B. ADDRESS

Catonsville-28, Md

23C. DATE SIGNED

5-26-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/29/50

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn, Balto. Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

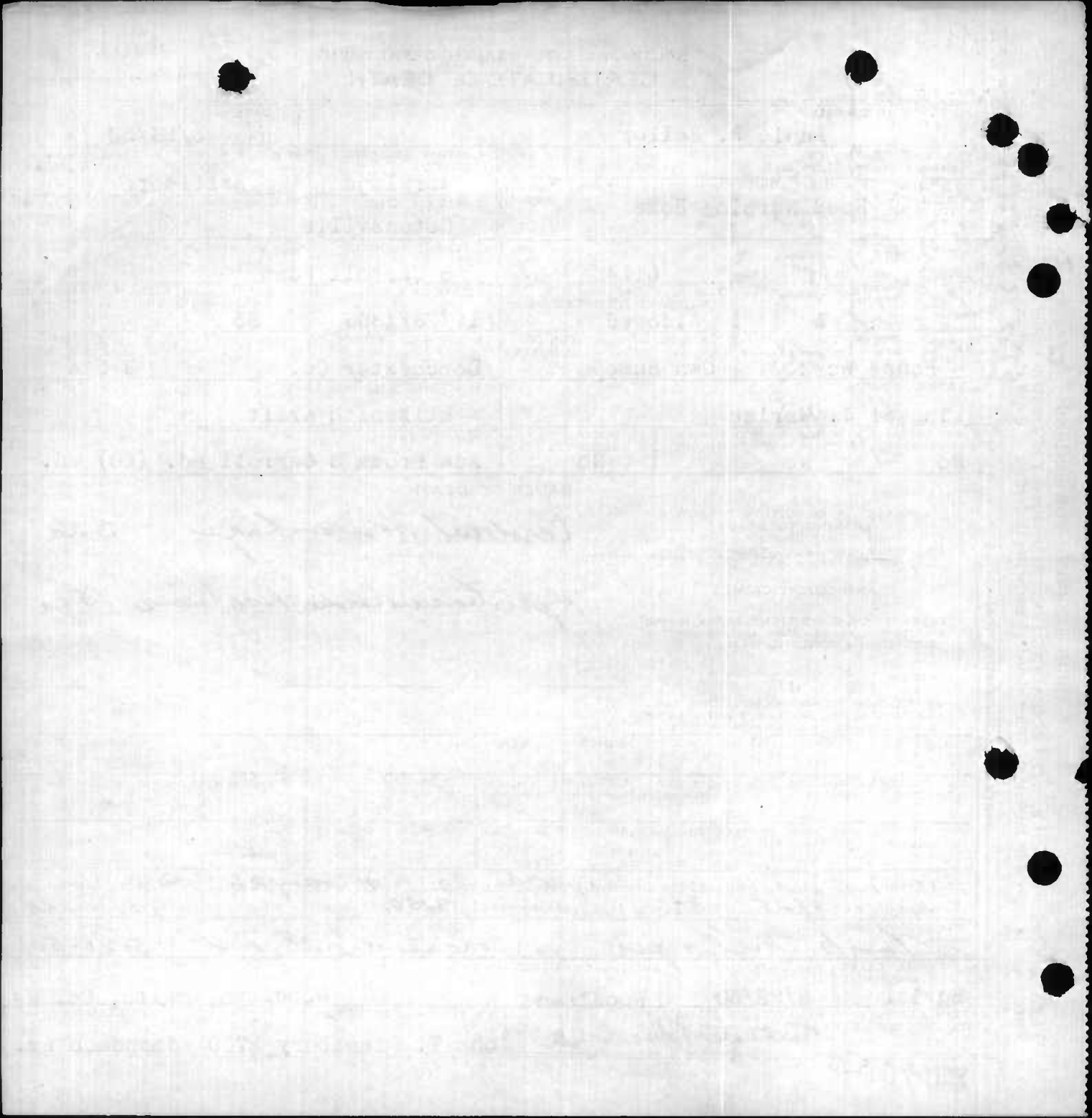
25. FUNERAL DIRECTOR

ADDRESS

John T. Stansbury 2700 Edmondson Av.

MAY 26 1950

937



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

635

Lc 138316

20 4752

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4752

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) **Lena Martindale** 2. DATE OF DEATH **May 24, 1950**

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE **Maryland** B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION **Baltimore City Hospitals 4940 Eastern Ave.** C. CITY OR TOWN **Baltimore** (If outside corporate limits, write RURAL and give township) **25-038**

c. Length of stay in Baltimore **Life** Yrs. _____ Mos. _____ Days _____ 5. SEX **Female** 6. COLOR OR RACE **White** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **Dec. 10, 1876** 9. AGE (In years last birthday) **73** II Under 1 Year Months: Days _____ II Under 24 Hours Hours: Min. _____

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10B. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) **Maryland** 12. CITIZEN OF WHAT COUNTRY? _____

13. FATHER'S NAME **Christian Weisman** 14. MOTHER'S MAIDEN NAME **Mary ?**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT **Baltimore City Hospitals Records- 4940 Eastern Avenue** ADDRESS _____

18. **2041 I** CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) **Chronic Myelogenous Leucemia** DUE TO _____

ANTECEDENT CAUSES (B) _____ DUE TO _____ (C) _____

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____ 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR? _____

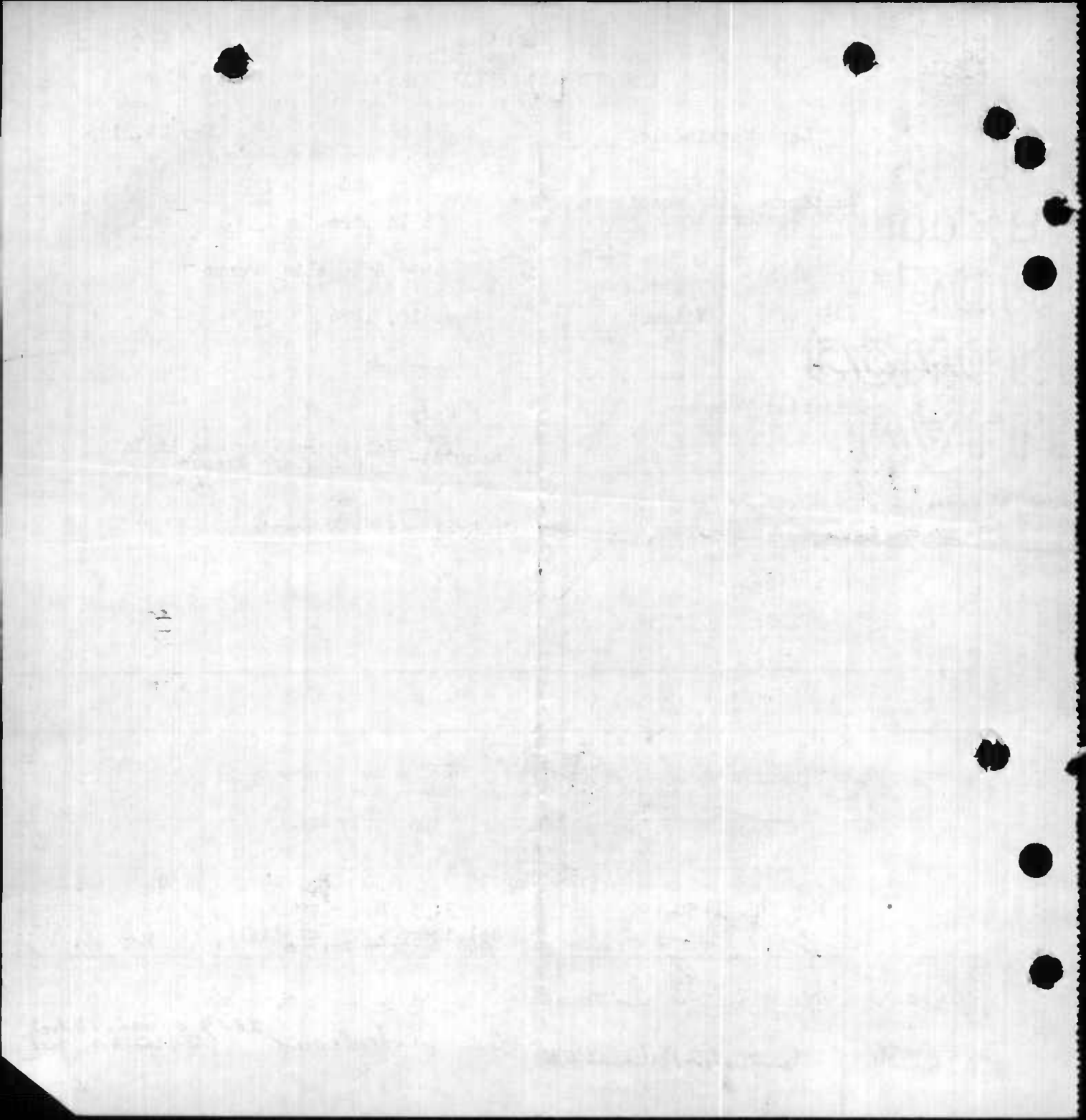
22. I hereby certify that I attended the deceased from **May 24**, 1950, to **May 24**, 1950 that I last saw the deceased alive on **May 24**, 1950 and that death occurred at **3:35 PM.**, from the causes and on the date stated above.

23A. SIGNATURE **[Signature]** M. D. **[Signature]** 23B. ADDRESS **Baltimore City Hospitals 4940 Eastern Avenue** 23C. DATE SIGNED **May 24, 1950**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **May 27-50** 24C. NAME OF CEMETERY OR CREMATORY **Medow Ridge Cem** 24D. LOCATION (City, town, or county) (State) **Wash Blad**

DATE RECEIVED BY LOCAL REGISTRAR **[Signature]** REGISTRAR'S SIGNATURE **[Signature]** 25. FUNERAL DIRECTOR **Edward Johnson** ADDRESS **2339 Wash Blad Balt 20 7-1**

MAY 26 1950 **[Signature]** 74a



W-563

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4753
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emma - Louise - Weammert

2. DATE
OF
DEATH

5/25/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

Baltimore

24-04

C. Length of stay in Baltimore

30

Yrs.

Mon.
Days

D. STREET ADDRESS (If rural, give location)

102 E. Randall Street

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

5/30/1900

9. AGE (In years
last birthday)

49

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Alvin Crabbin

14. MOTHER'S MAIDEN NAME

Lula Lane

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

212-09-8213

17. INFORMANT

Joseph H. Weammert (Husband)

ADDRESS

18.

159X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Intestinal obstruction
DUE TO Metastatic adenocarcinoma

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

5-12-50

19B. MAJOR FINDINGS OF OPERATION

Intestinal obstruction due to adenocarcinoma

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-22-50, 19, to 5-25-50 19, that I last saw the
deceased alive on 5-25-1960, and that death occurred at 10:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. LaBrie

23B. ADDRESS

M. D. 1213 Light Street

23C. DATE SIGNED

5/25/50

24A. BURIAL, CREMA-
TION/REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial -

Mon, May 29, 1950

Glen Haven Cem.

A. F. Co., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

M. J. Williams

25. FUNERAL DIRECTOR

ADDRESS

A. Howard Evans 1400 S. Charles

St. Baltimore 39, Md.

55E

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PRINTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

Unable to state organ first affected 50-4753-6/26/50.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4754
Registered No. _____

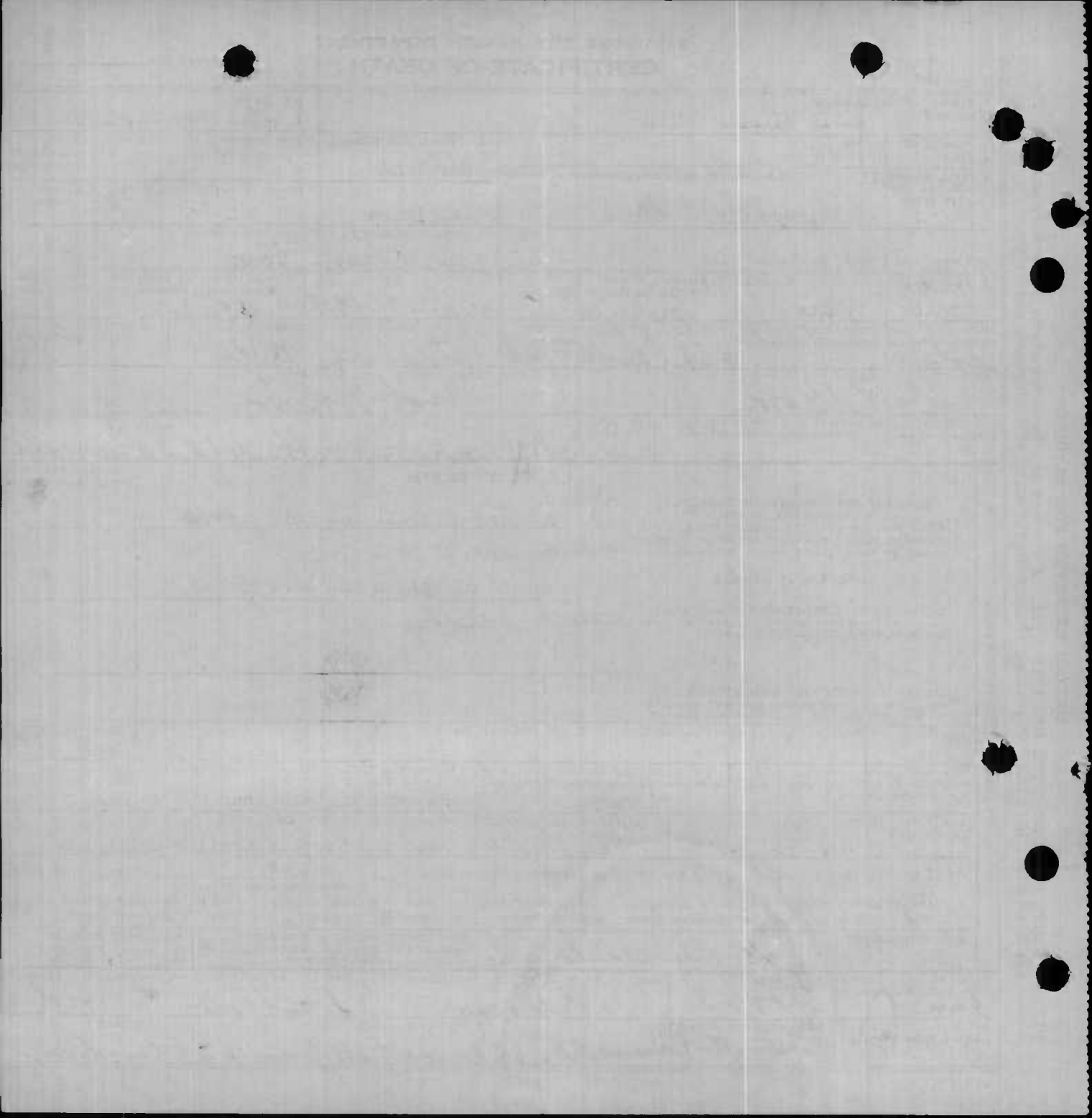
BIRTH NO. 50 4754		2. DATE OF DEATH May 24, 1950	
1. NAME OF DECEASED (Type or Print) ELWIN WILLIAM SMITH		2. DATE OF DEATH May 24, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-09	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3413 O'Donnell Street	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 19, 1918 42
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier		9. AGE (In years last birthday) 42	
10B. KIND OF BUSINESS OR INDUSTRY Fisher Body Plant		11. BIRTHPLACE (State or foreign country) Petersburg, N.Y.	
13. FATHER'S NAME William		12. CITIZEN OF WHAT COUNTRY? _____	
14. MOTHER'S MAIDEN NAME not known		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____	
16. SOCIAL SECURITY NO. 216-01-5181		17. INFORMANT ADDRESS Linn. M. Smith 3413 O'Donnell St	

18. E816.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Fracture of skull and left humerus Contusion of brain (B) Rupture of spleen and left kidney Hemoperitoneum (C) _____ INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? Pulaski Highway near Mohrs Lane	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY May 20, 1950 2.35a.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Auto and tractor trailer collision	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. DeLoach M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23C. DATE SIGNED May 25, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/24/50		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn	
24D. LOCATION (City, town, or county) (State) Baltimore md		24E. NAME OF CEMETERY OR CREMATORY		24F. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR MAY 26 1950		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Clarence F. Hoffmann 1639 Gardaway	

MARGIN RESERVED FOR BINDING
PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 4755

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lotta G. Childs

2. DATE OF DEATH
May 25/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Garrison Nursing Home
2803 Garrison Blvd.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Woodlawn

D. STREET ADDRESS (If rural, give location)

2015 Englewood Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

Widow

DIVORCED, (Specify)

8. DATE OF BIRTH

May 28, 1881

9. AGE (in years, last birthday)

68

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Uriah Carr

14. MOTHER'S MAIDEN NAME

Jane Wall

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. B. L. Aymold, 3617 Howard Pk. AT

18. 350 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 23, 1950, to May 25, 1950 that I last saw the deceased alive on May 24, 1950, and that death occurred at A. m., from the causes and on the date stated above.

23A. SIGNATURE

Herbert M. Foster

M. D.

23B. ADDRESS

2824 St. Paul St

23C. DATE SIGNED

May 26-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 27/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Pk., 3801 Frederick Ave., Balto. 29, Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 26 1950

VS 150

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

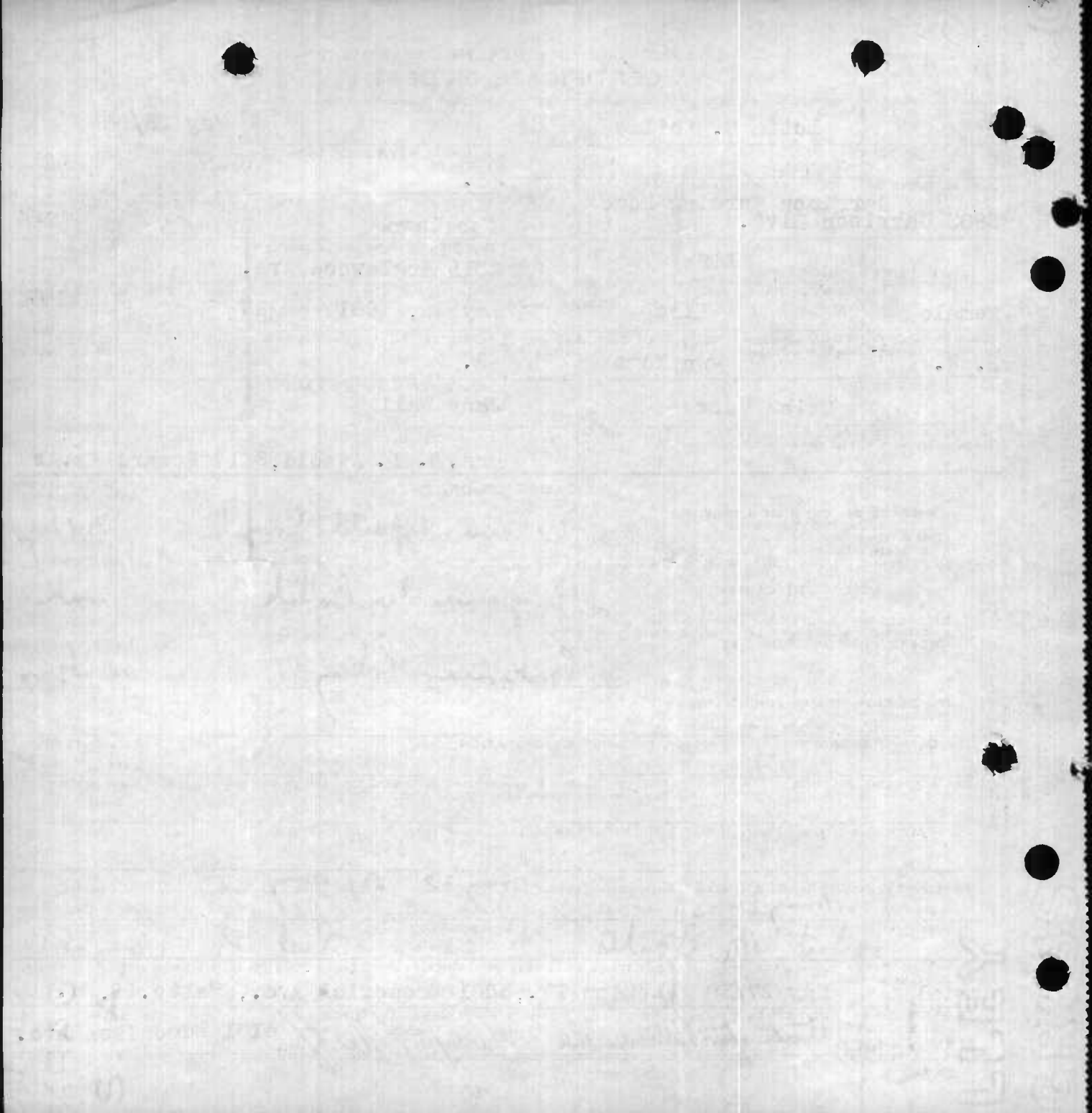
Harry H. Witzke

ADDRESS

4101 Edmondson Ave.

87c

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4756
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Estelle Reider (Mrs)

2. DATE
OF
DEATH

MAY 25, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

35 Church Home and Hospital

C. Length of stay in Baltimore

5

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

13. FATHER'S NAME

Curtis Hartman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 12-01

D. STREET ADDRESS (If rural, give location)

3906 Canterbury Rd.

8. DATE OF BIRTH

JAN 24, 1889

9. AGE (In years last birthday)

61

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Hannah Klinefelter

17. INFORMANT

ADDRESS

H. Zoellner (Miss) Church Home Hosp

18.

172X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Adenocarcinoma Body of Uterus with
DUE TO generalized metastases -

INTERVAL BETWEEN ONSET AND DEATH

estimated 15 years.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Feb 15th to 20th 1950

19B. MAJOR FINDINGS OF OPERATION

Adenocarcinoma Body of Uterus with metastases

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-11-50 to 5-25-50, 1950, that I last saw the deceased alive on 5-25, 1950, and that death occurred at 4⁰⁴ m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. M. Howard

M. D.

23B. ADDRESS

Church Home and Hospital

23C. DATE SIGNED

5/25/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/27/50

24C. NAME OF CEMETERY OR CREMATORY

Lutheran Cem.

24D. LOCATION (City, town, or county) (State)

Glen Rock, Pa.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

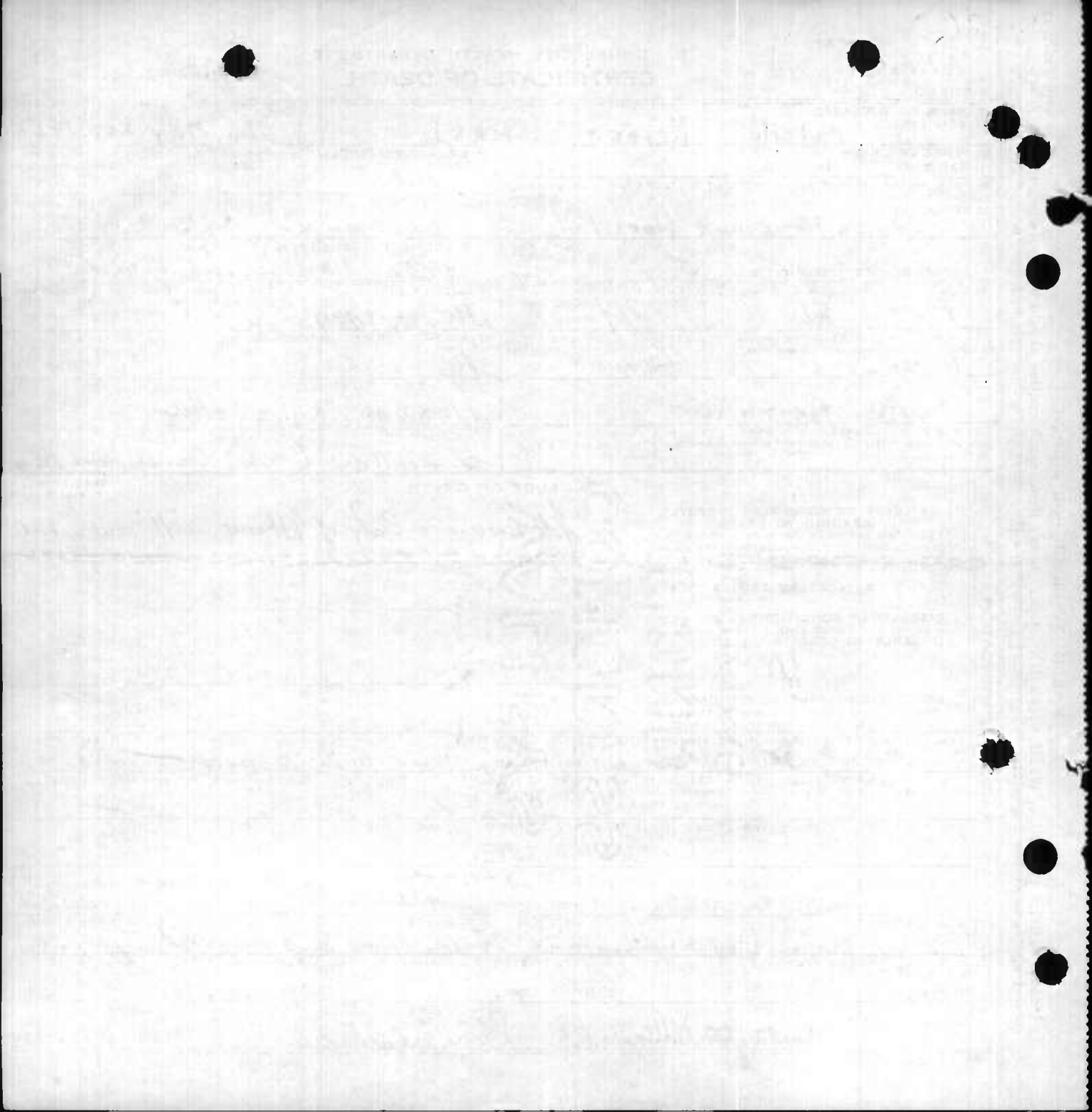
25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Jackson & Sons Inc. North & Pa. Ave

MAY 26 1950

48B



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4757
Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

CHARLES E. DOUGHERTY

2. DATE
OF
DEATH 5-24-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1619 Cliftview Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

No

?

Mrs. Margaret T. Dougherty Above

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒22. I hereby certify that I attended the deceased from 5/13, 1950, to 5/24, 1950, that I last saw the
deceased alive on 5/24, 1950, and that death occurred at 4:30 Pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

5-27-50

Cedar Hill Cem.

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 26 1950

Huntington Williams, M.D.

Wm J. Jackson & Son Inc North & Pa. Aves.

STATE OF NEW YORK
CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
CAUSE OF DEATH		MANNER OF DEATH		OCCUPATION		EDUCATION		RELIGION		MARITAL STATUS	
SIGNATURE OF PHYSICIAN		SIGNATURE OF MINISTER		SIGNATURE OF JUDGE		SIGNATURE OF CLERK		SIGNATURE OF DECEASED		SIGNATURE OF WITNESSES	
DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4758

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LILLIAN SHOW

(SHAW)

2. DATE
OF
DEATH

May 26, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)A. STATE
MarylandB. FULL NAME OF (If not in hospital or institution, give street address or
location)

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1325 Linden Avenue

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec. 13, 1917

9. AGE (in years
last birthday)

32

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Denny

14. MOTHER'S MAIDEN NAME

Sarah Weaver

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. James Show, 412 East 20th Street

18. E972.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carbon monoxide poisoning

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☒ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Apartment

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

1325 Linden Avenue

21D. TIME (Month) (Day) (Year) (Hour)

May 25, 1950

21E. INJURY OCCURRED

? P m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Two burners of stove on but unlit

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

5-26-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

removal

24B. DATE

5/26/50

24C. NAME OF CEMETERY OR CREMATORY

Laurel Hill

24D. LOCATION (City, town, or county)

Uniontown

(State)

Pennsylvania

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 26 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc.

ADDRESS

1217 St. Paul Street

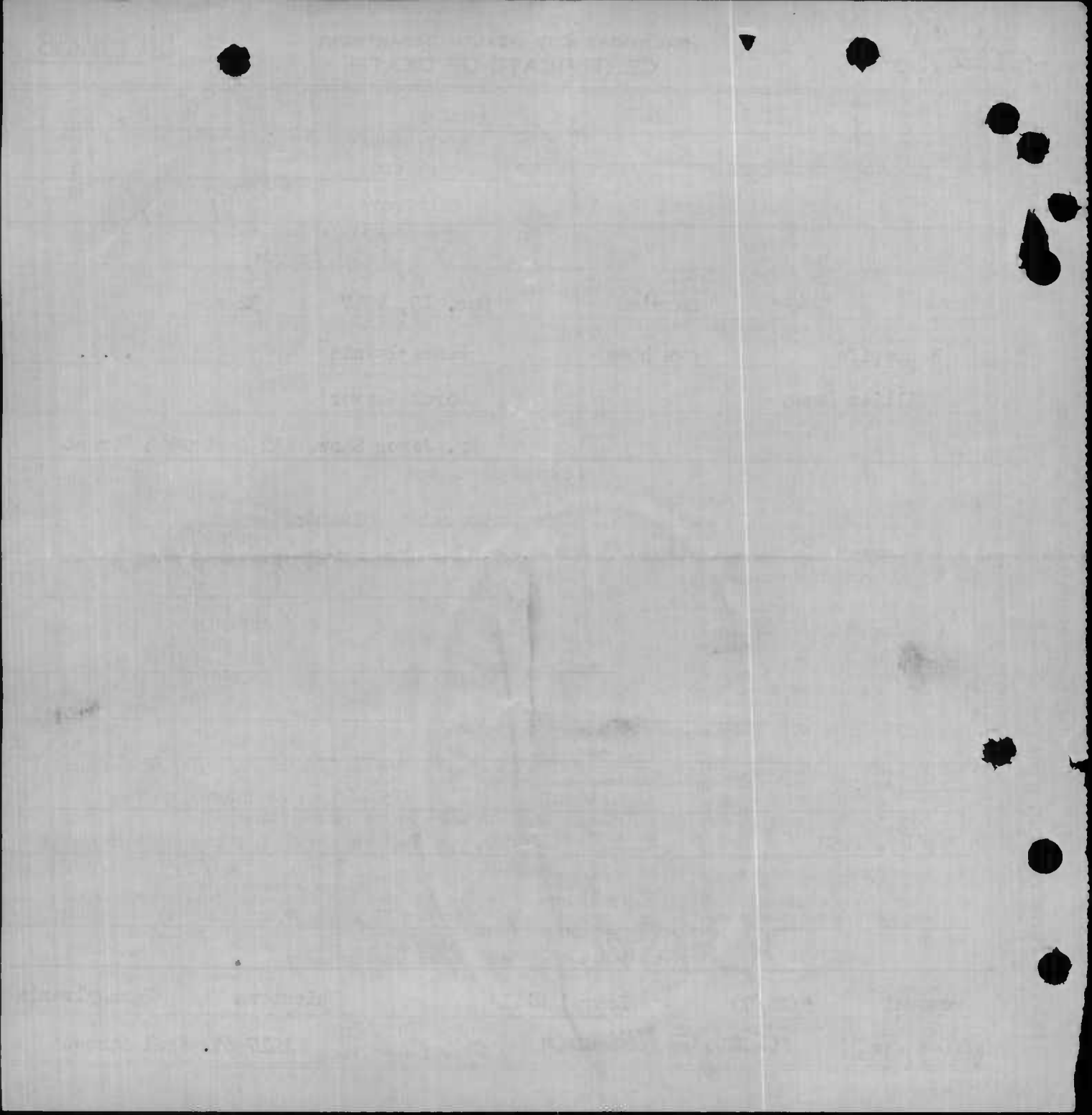
VS 151

N 968.0

163 H

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4759
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sarah Abell

2. DATE
OF
DEATH

May 25th. 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

220 N. Conklin St.

C. CITY OR TOWN (If outside corporate limits, write R.O.R. and give township)
Baltimore 26-043

D. STREET ADDRESS (If rural, give location)

220 N. Conklin St.

c. Length of stay in Baltimore

Life

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Sept. 4th. 1868

9. AGE (In years last birthday)

81

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Proudfoot

14. MOTHER'S MAIDEN NAME

Sarah E Proudfoot

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Joseph G. Abell 220 N. Conklin St.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Curbed Hemorrhage 10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis
Senility

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May 14 5th to May 20th 1950, that I last saw the deceased alive on May 24 5th and that death occurred at 11:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

John A. Moran

2936 E. Baltimore

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

5/29/50

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Baltimore

Md.

DATE RECEIVED BY LOCAL REGISTRAR
MAY 26 1950

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

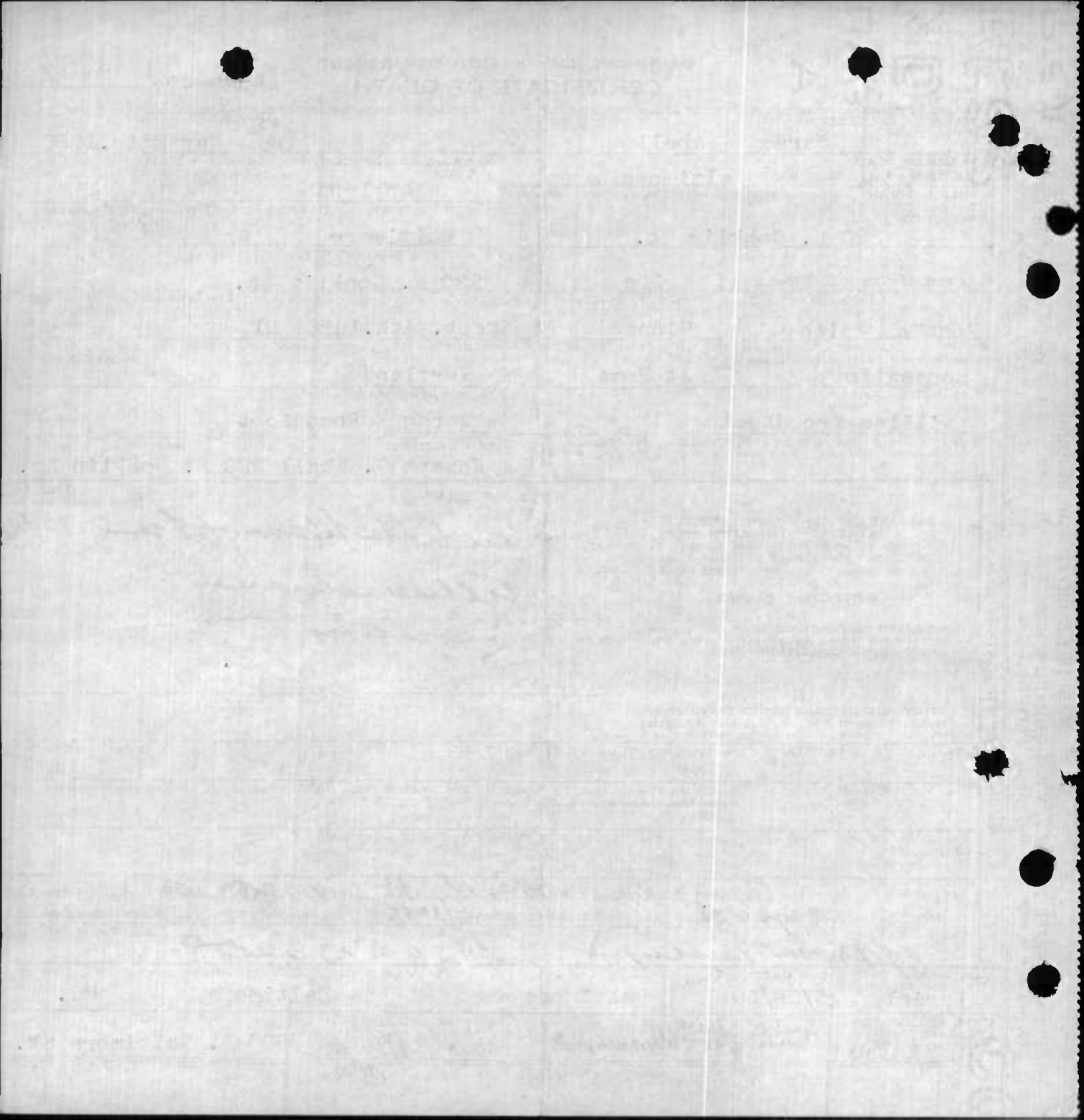
John A. Moran 3000 E. Baltimore St.

VS 150

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



CERTIFICATE CORRECTED

6-9-50

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 4760

Registered No.

50 4760

BIRTH NO.

NAME OF DECEASED
(Type or Print)

John Swann Ward

2. DATE
OF
DEATH

May 24, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2 N. Kenwood Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2 N. Kenwood Ave.

c. Length of stay in Baltimore

(3 years)

5. SEX

M

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 7, 1891

9. AGE (In years last birthday)

59

10. Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR INDUSTRY

Sand & Gravel

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Micheel J. Ward

14. MOTHER'S MAIDEN NAME

Mary Swann

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)

No

16. SOCIAL SECURITY NO.

217-09-1046

17. INFORMANT

Marie L. Ward

ADDRESS

2 N. Kenwood Ave

18. 434.3

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Cardiac Dilatation

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

Immediate

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May 24, 1950, to May 24, 1950, that I last saw the deceased alive on May 24, 1950, and that death occurred at 9:30 pm, from the causes and on the date stated above.

23A. SIGNATURE

Charles S. MacMillan

23B. ADDRESS

2900 E. Baltimore St.

23C. DATE SIGNED

May 26, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/29/50

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore

MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

John A. Moran

25. FUNERAL DIRECTOR

ADDRESS

3000 E. Balto. St.

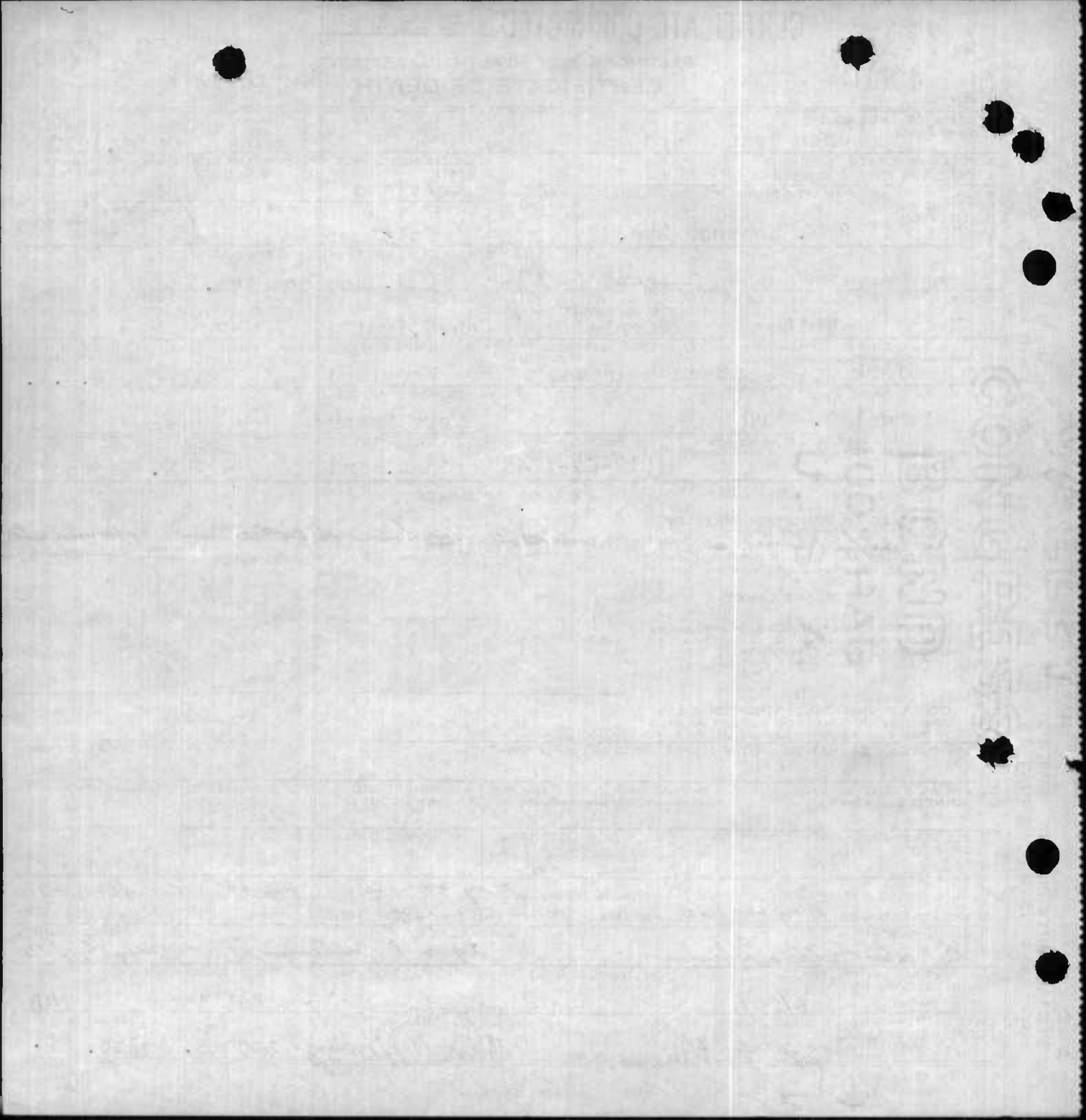
VS 150

22A VS

95c

MARGIN RESERVED FOR PHYSICIAN'S CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-530

REA-17-14

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 50 4761
 Registered No.

BIRTH NO.

 1. NAME OF DECEASED
(Type or Print)

William A. Bond

 2. DATE
OF
DEATH

May 25-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 A. STATE Maryland B. COUNTY Carroll

 B. FULL NAME OF (If not in hospital or institution, give street address or location)
 HOSPITAL OR INSTITUTION Baltimore City Hospitals
 4940 Eastern Ave.

 C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
 Rural Westminister 5600

c. Length of stay in Baltimore

Life

 D. STREET ADDRESS (If rural, give location)
 Westminister Route 7

5. SEX

Male

6. COLOR OR RACE

White

 7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1-1-1878

 9. AGE (In years
last birthday)

71?

 10. Under 1 Year
Months: Days

 11. Under 24 Hours
Hours: Min.

 10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

FARMER

 10B. KIND OF BUSINESS OR
INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

WILLIAM L. BOND

(D)

14. MOTHER'S MAIDEN NAME

EMMA CONOLLEY

(D)

 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

 17. INFORMATION
 Baltimore City Hospitals
 Records: 4940 Eastern Avenue

18. 450.1 E954.7 CAUSE OF DEATH

 DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Marked Cachexia

DUE TO

ANTECEDENT CAUSES

 DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Gangrene of Right Leg

DUE TO

CERTIFICATION APPROVED BY

Dr. Kammer

per 3800000 M.D.

 II
 OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

 Arteriosclerotic Heart Disease, Myocardial Fibrosis
 Anaesthesia

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐
 21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)
Accident

 21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)
Hospital

 21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Baltimore City Hospitals, 4940 Eastern Ave.

 21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

5/25/50 2:00 P. m.

 21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☒
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Injection of pontocaine anaesthesia

 22. I hereby certify that I attended the deceased from 5-23-1950, to 5-25-1950, that I last saw the
deceased alive on 5-25-1950, and that death occurred at 2 P. m., from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

5-26-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/29/50

24C. NAME OF CEMETERY OR CREMATORY

Most Holy Redeemer

24D. LOCATION (City, town, or county)

Belair Rd

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 26 1950

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

Chas P. Towell 2427 Colmar St

ADDRESS

TO BE APPROVED BY THE MEDICAL EXAMINER

Over 937 Cur

00000

The right leg was being amputated upon when the man went into a circulatory collapse and died. after injection of pontocaine anaesthesia.

P. H. Fisher

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **50 4762**

BIRTH NO. **50 4762**

1. NAME OF DECEASED
(Type or Print) **Lillie Zocks**

2. DATE OF DEATH **May 25, 1950**
Where deceased lived, If institution: residence before admission)

3. PLACE OF DEATH:

A. Baltimore City, Maryland **JOHNS HOPKINS HOSPITAL**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE **Ind.** B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 10-01

D. STREET ADDRESS (If rural, give location)
1007 Samanet St.

c. Length of stay in Baltimore **life**

5. SEX **Female**

6. COLOR OR RACE **Colored**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH **May 1, 1901**

9. AGE (in years last birthday) **49**

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
domestic

10B. KIND OF BUSINESS OR INDUSTRY
home

11. BIRTHPLACE (State or foreign country)
Ind.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME
J. Wright

14. MOTHER'S MAIDEN NAME
Margaret Ringold

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
—

17. INFORMATION ADDRESS
**JOHNS HOPKINS HOSPITAL
John Street 1027 Madison Ave.**

18. **443X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Subarachnoid Hemorrhage.

DUE TO

(B)

HCU D.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-25, 1950** to **5-25, 1950** that I last saw the deceased alive on **5-25, 1950** and that death occurred at **9:20 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE **Ewan C. K...**

23B. ADDRESS **JOHNS HOPKINS HOSPITAL**

23C. DATE SIGNED **5/26/50**

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE **5/28/50**

24C. NAME OF CEMETERY OR CREMATORY **mt Calvary**

24D. LOCATION (City, town, or county) (State)
Ind.

DATE RECEIVED BY LOCAL REGISTRAR
MAY 26 1950

REGISTRAR'S SIGNATURE **Thurston Williams, M.D.**

25. FUNERAL DIRECTOR

Geo. S. Kelson 1303 Presselman St

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Approved for General Ed
HOLD

NOV 1964

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **50 4763**

BIRTH NO. **50 4763**

1. NAME OF DECEASED (Type or Print) Marcellus Rooks			2. DATE OF DEATH May 25, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-06		
c. Length of stay in Baltimore Yrs. 0 Mos. 0 Days 0			D. STREET ADDRESS (If rural, give location) 1734 Dallas St.		
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 11, 1915		9. AGE (In years last birthday) 34 35
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Tenneco Co.	11. BIRTHPLACE (State or foreign country) S. Carolina		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Thomas Rooks			14. MOTHER'S MAIDEN NAME Nellie Gray		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Fannie Gray 1734 N. Dallas		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiac tamponade with rupture of coronary aneurysm		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

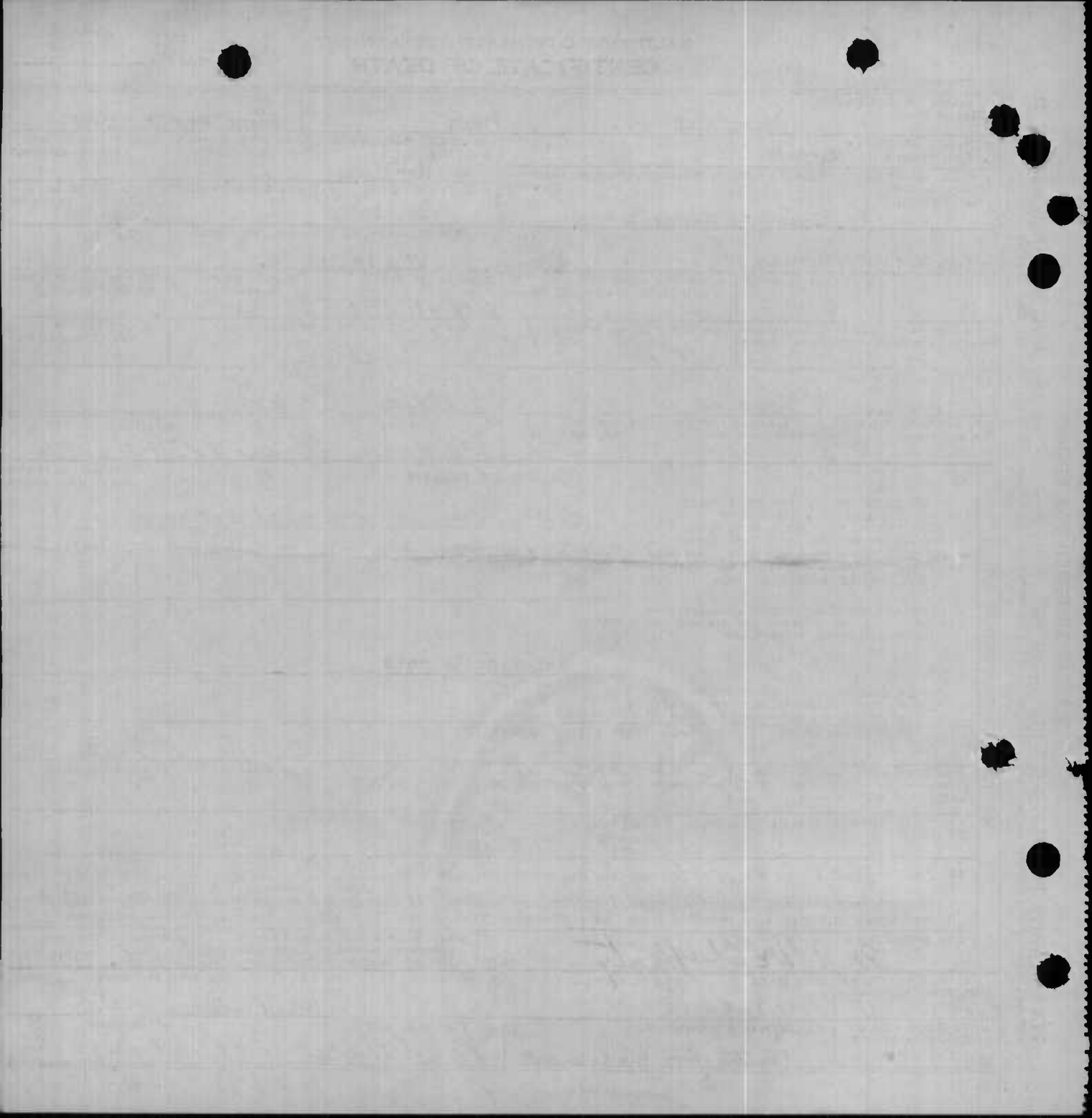
23A. SIGNATURE **Dr. J. McClafferty** 23B. CHIEF MEDICAL EXAMINER ☐ 23C. DATE SIGNED **May 26, 1950**
M.D. MEDICAL INVESTIGATOR ☒

24A. BURIAL, CREMATION, REMOVAL **Crema.** 24B. DATE **May 26/50** 24C. NAME OF CEMETERY OR CREMATORY **Spartanburg S.C.** 24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR **MAY 26 1950** REGISTRAR'S SIGNATURE **Wm. Williams** 25. FUNERAL DIRECTOR ADDRESS **Mrs. Robert A. Elliott & Daughters**

VS 151 98847 94a 1129 N. Carolina St.

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4764
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James L Roche Sr. Mr.

2. DATE OF DEATH

5-26-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore city

A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

The Union Memorial Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

*Baltimore Md. 12-03
456 Ilchester av*

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Sept. 26, 1870

9. AGE (In years last birthday)

79

10. Under 1 Year Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Police Serg

10B. KIND OF BUSINESS OR INDUSTRY

Police Retired

11. BIRTHPLACE (State or foreign country)

Balte Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Dennis Roche

14. MOTHER'S MAIDEN NAME

Kathrine Kelleher

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary E. Roche - 456 Ilchester

18.

141X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Carcinoma of tongue*

INTERVAL BETWEEN ONSET AND DEATH

1 1/2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Malnutrition

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *5-18*, 19*50*, to *5-26*, 19*50*, that I last saw the deceased alive on *19*, and that death occurred at *m.*, from the causes and on the date stated above.

23A. SIGNATURE

Wm. Preiss Horton

23B. ADDRESS

M. D. Union Memorial Hosp

23C. DATE SIGNED

5/26/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/29/50

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Balto Md

(State)

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

L. J. Ruck - 5305 Harford Rd

ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

MAY 27 1950

VS 150

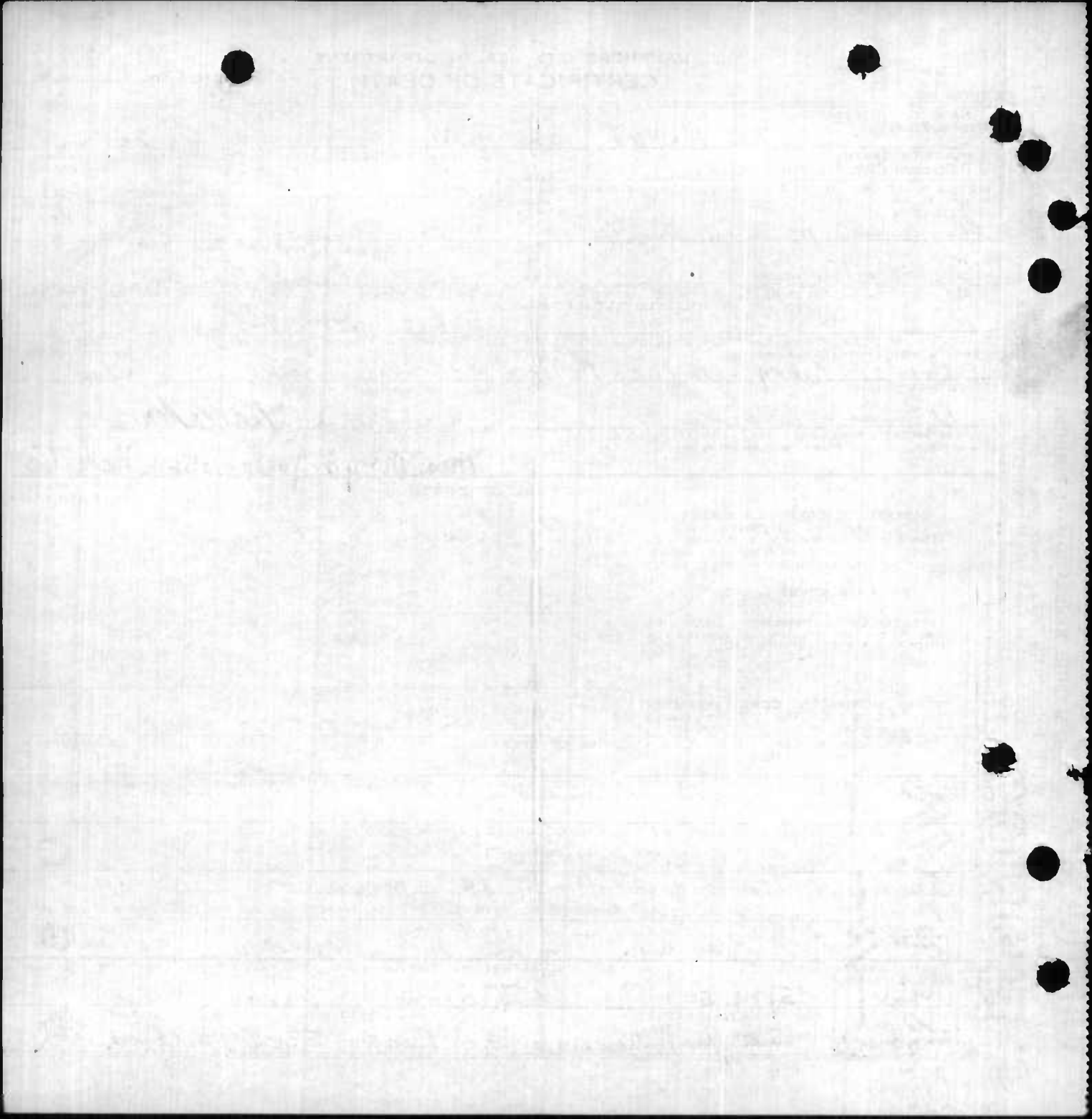
45B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATION

MEDIC



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4765
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sadie K. Brabham

2. DATE
OF
DEATH

5/26/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Baltimore, Md.*

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-07

D. STREET ADDRESS (If rural, give location)

7104 Harford Road

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3/5/1894

9. AGE (In years last birthday)

56

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Wilson

14. MOTHER'S MAIDEN NAME

Mary PARKS.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS *HARFORD*
MR. FRANCIS M. Brabham - 7104 Rd.

18. *331X I*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *CEREBRAL HEMORRHAGE*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *ESSENTIAL HYPERTENSION*

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5/25*, 19*50*, to *5/26*, 19*50*, that I last saw the deceased alive on *5/26*, 19*50*, and that death occurred at *7:00 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Samuel P. Scalia

M. D.

23B. ADDRESS

1213 Light Street

23C. DATE SIGNED

5/26/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/29/50

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 27 1950

REGISTRAR'S SIGNATURE

Thurston Williams, Jr.

25. FUNERAL DIRECTOR

L. J. Luck

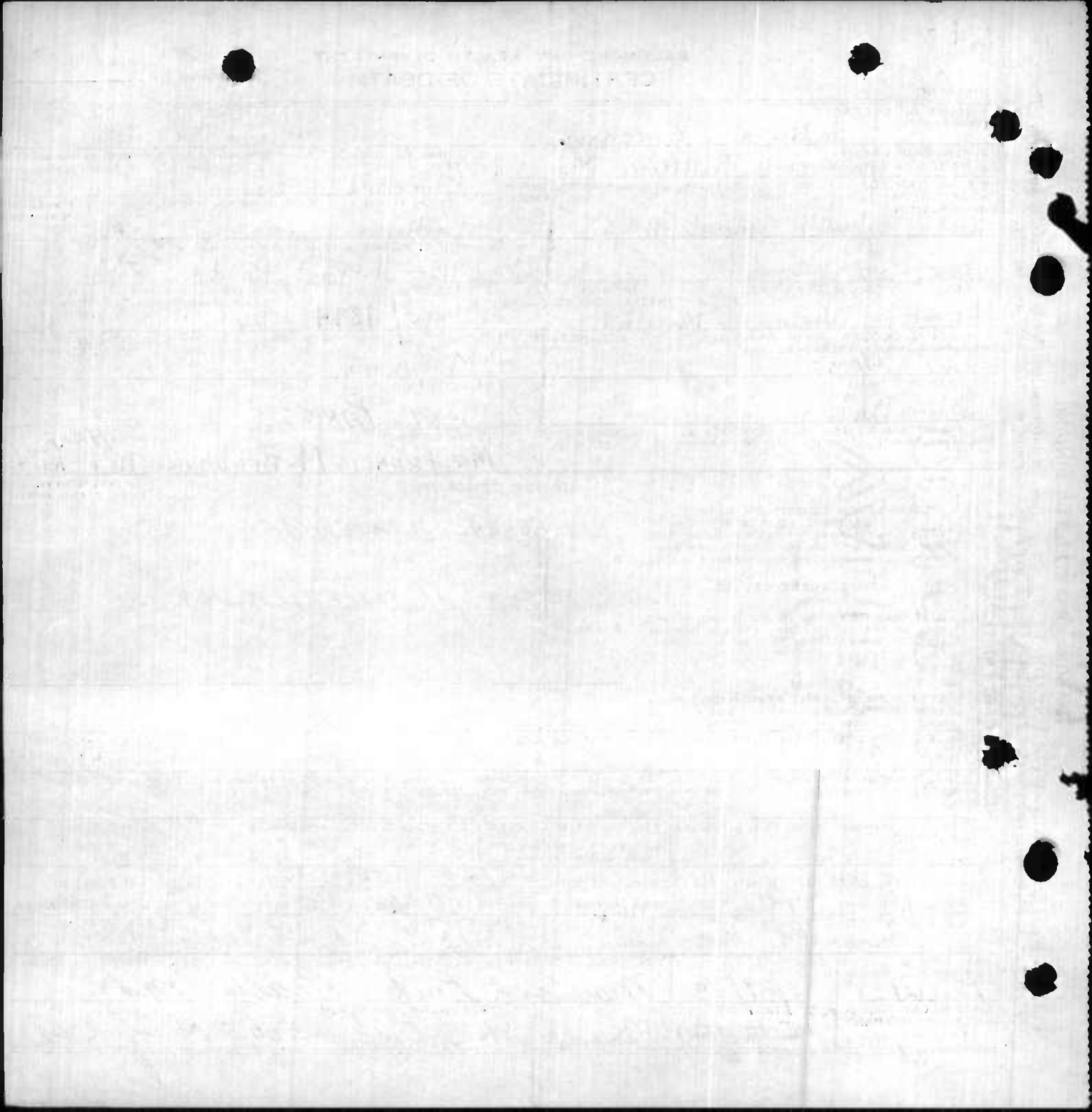
ADDRESS

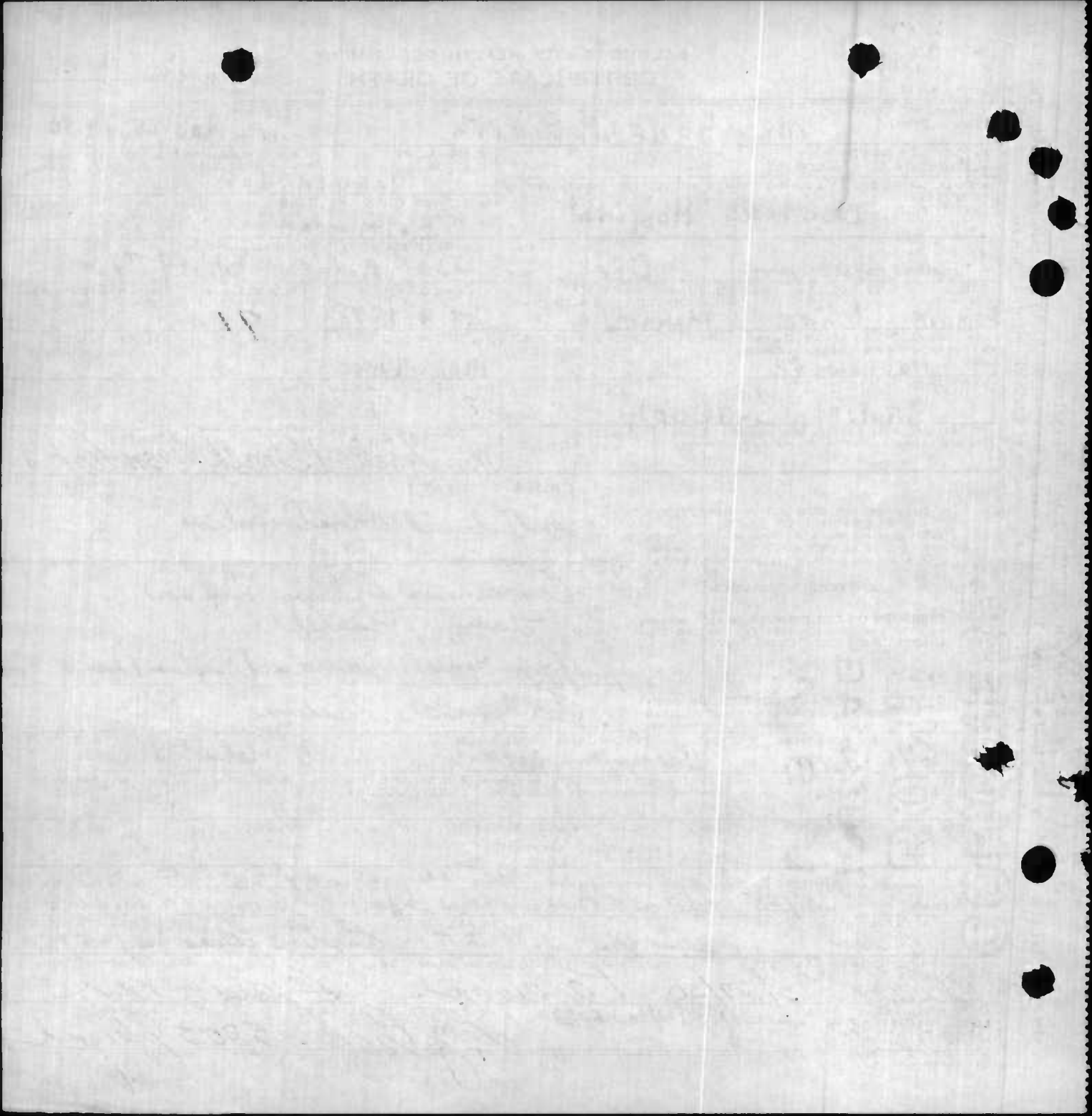
5305 Harford Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATION





BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4767

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Paul W Moore

2. DATE
OF
DEATH

May 26, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Union Memorial Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto. 23-02

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1432 Light St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

S. N. Katz

13. FATHER'S NAME

Walter Moore

11. BIRTH PLACE (State or foreign country)

Rocky Mount N. C.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Mattie Lambert

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

356-12-4109

17. INFORMANT

ADDRESS

Angeline F. Moore 1432 Light St.

18. E973.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

CAUSE OF DEATH

Asphyxiation due to Auto Exhaust Gas poisoning

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

4525 Keswick Road

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

May 26 '50 2:25 P.M.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

Fell from exhaust pipe of auto in rear window of car. Storage doors shut.

22. I certify that I took charge of the remains described above, held an _____ thereon and from _____ Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

William J. Helbeck

M.D.

23B. CHIEF MEDICAL EXAMINER..... ☐ASSISTANT MEDICAL EXAMINER..... ☐MEDICAL INVESTIGATOR..... ☒

23C. DATE SIGNED

5/26/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/29/50

24C. NAME OF CEMETERY OR CREMATORY

Green Haven

24D. LOCATION (City, town, or county)

A. A. Co. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 27 1950

REGISTRAR'S SIGNATURE

William J. Helbeck

25. FUNERAL DIRECTOR

Wm Cook Inc 127 St. Paul St.

ADDRESS

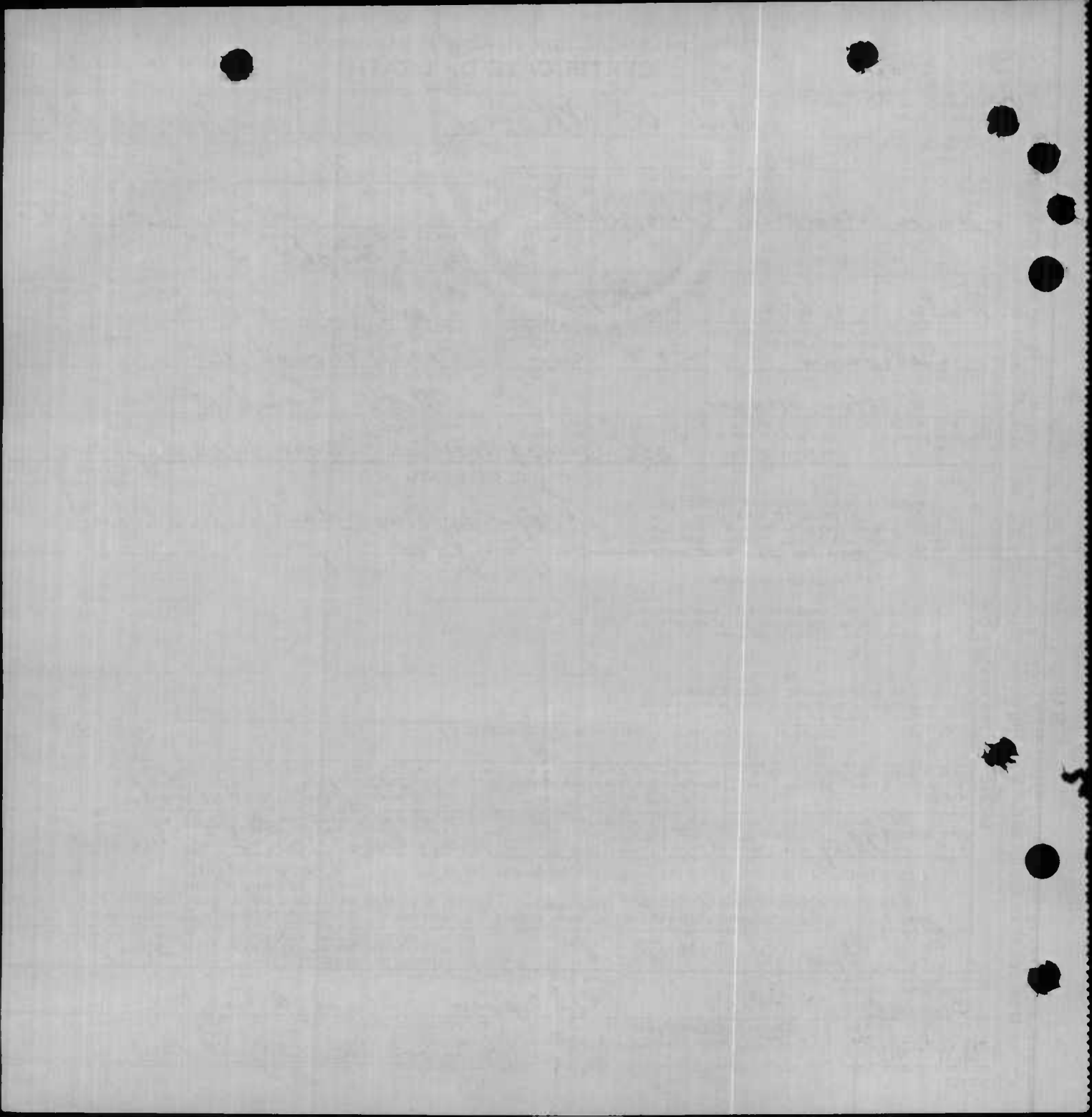
VS 151

N-968.0

29876

163M

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



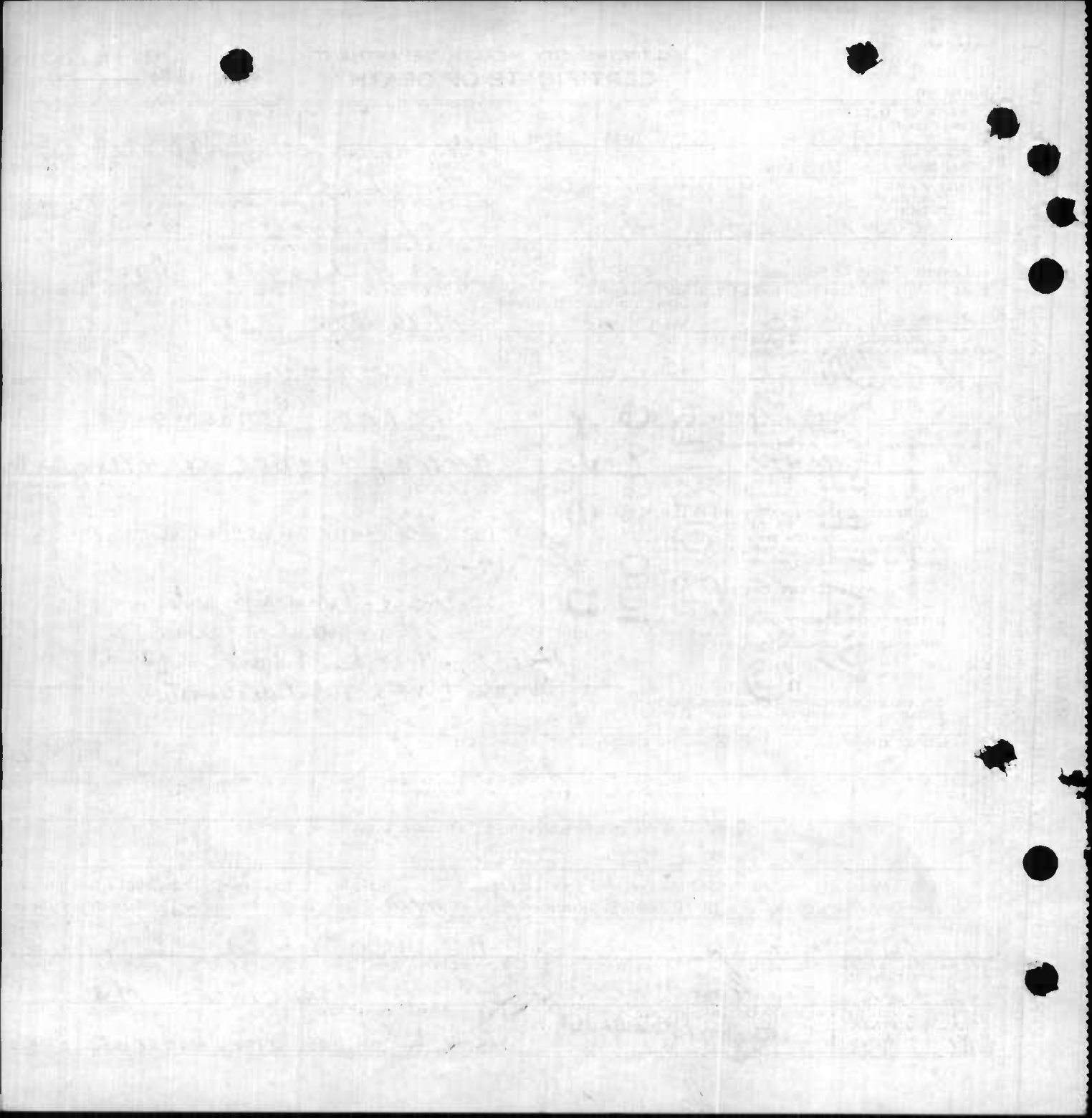
PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **50 4768**

 BIRTH NO. **50 4768**

1. NAME OF DECEASED (Type or Print) Anna Bertha Smith			2. DATE OF DEATH May 26, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
5. FULL NAME OF HOSPITAL OR INSTITUTION 503 MILLINGTON AVE			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTIMORE 20-05		
c. Length of stay in Baltimore 55 YRS.			D. STREET ADDRESS (If rural, give location) 503 MILLINGTON AVE		
5. SEX FEMALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 1895 Sept. 16, 1895		9. AGE (In years last birthday) 64
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) GERMANY		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME WILLIAM Dentsch			14. MOTHER'S MAIDEN NAME Bertha Schoeng		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT ADDRESS MARTHA J. KERBER 503 MILLINGTON AVE		
18. 420.01 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage, Hemiplegia			INTERVAL BETWEEN ONSET AND DEATH 8 days		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis - Arterial Hypertension - Arteriosclerotic tubercular disease with cardiac hypertrophy and chronic myocardial degeneration & insufficiency.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 16, 1950 , to May 26, 1950 that I last saw the deceased alive on May 25, 1950 , and that death occurred at 2:45 AM. , from the causes and on the date stated above.					
23A. SIGNATURE Dr. Michel		23B. ADDRESS 1015 Poplar Grove St		23C. DATE SIGNED May 26, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE MAY 29, 1950	24C. NAME OF CEMETERY OR CREMATORY MT. OLIVET	24D. LOCATION (City, town, or county) (State) BALTIMORE, MD.		
DATE RECEIVED BY LOCAL REGISTRAR MAY 27 1950	REGISTRAR'S SIGNATURE Wilmington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Geo. L. Schwab 2101 Frederick Ave.			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4769
Registered No.B-600
50 4769
BIRTH NO.NAME OF DECEASED
(Type or Print)

MARY B. BAUER

2. DATE
OF
DEATH

5-24-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1827 W. Baltimore St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 19-04

D. STREET ADDRESS (If rural, give location)

1827 W. Baltimore St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 9, 1873

9. AGE (In years
last birthday)

73

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Linen Keeper

10B. KIND OF BUSINESS OR
INDUSTRY

Baltimore Hospital

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Theodore H. Bauer

14. MOTHER'S MAIDEN NAME

Anna

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Agnes M. Bauer - 1827 W. Balt. St.

18. 592x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Chronic Myocarditis

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) DUE TO

Chronic Hepatitis

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1st, 1950, to May 24, 1950, that I last saw the
deceased alive on May 23, 1950, and that death occurred at 2A m., from the causes and on the date stated above.

23A. SIGNATURE

Albert Scagnetti

M. D.

23B. ADDRESS

1724 W. Lombard St

23C. DATE SIGNED

5-26-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-27-50

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 27 1950

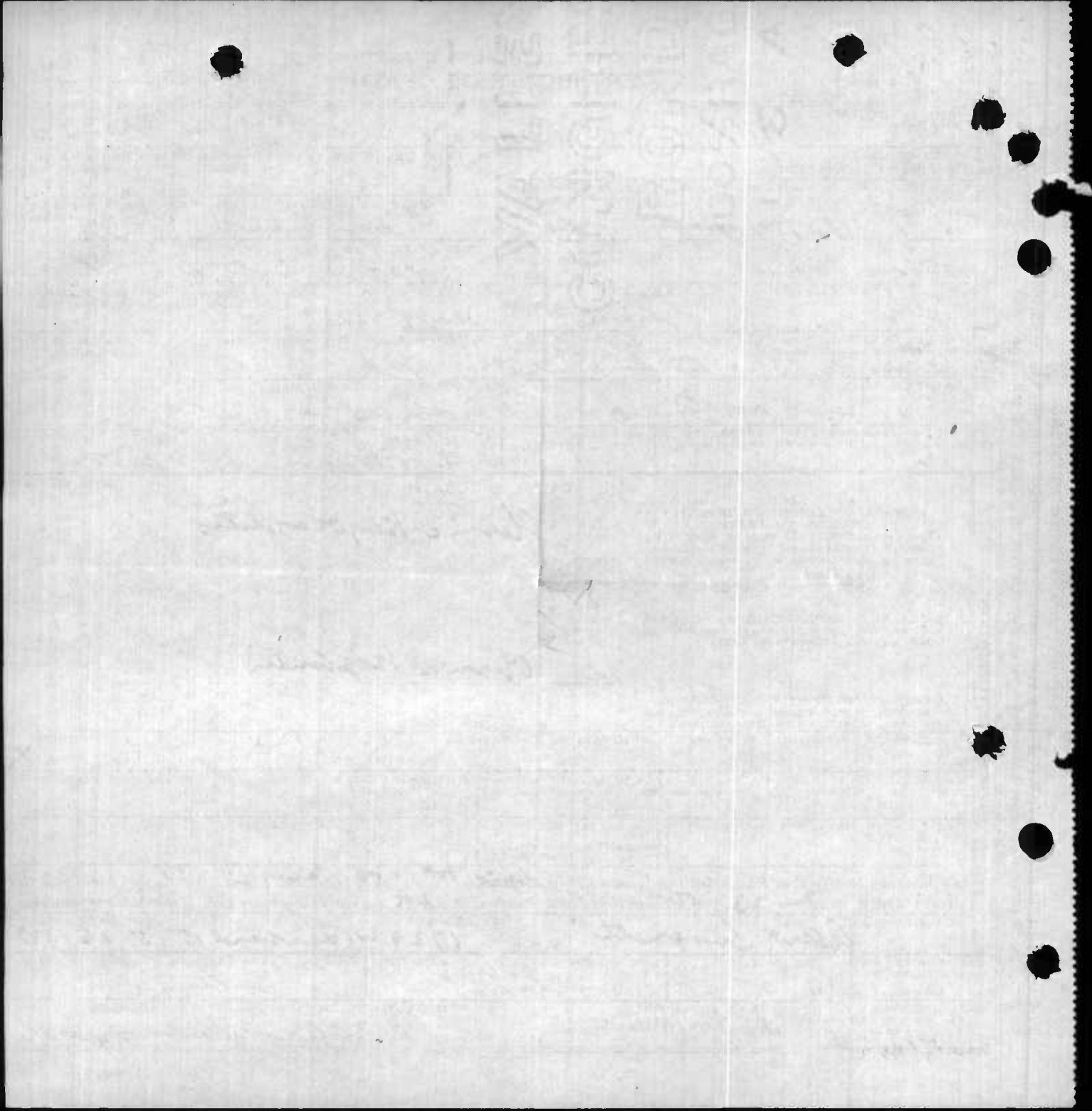
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

George A. Jarley - Fullas Bros. Fgts. St.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4770
Registered No. 50 4770

B-255
50 4770
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Mary T. Buschmann</u>		2. DATE OF DEATH <u>5-25-50</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Balto. Md</u>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wentkins Memorial Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 25-01B</u>	
C. Length of stay in Baltimore <u>7 1/2</u> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>1000 Caxon Ave.</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>12-14-25</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Howl.</u>		9. AGE (In years last birthday) <u>7 1/2</u>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ba. X. X.</u>	
13. FATHER'S NAME <u>Charles H. Baker</u>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or no) <u>No</u>		16. SOCIAL SECURITY NO.	
14. MOTHER'S MAIDEN NAME <u>Mary E. Carey</u>		17. INFORMANT ADDRESS <u>Records - Jackson Mem.</u>	

18. <u>470.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	CAUSE OF DEATH <u>Coronary occlusion</u>	INTERVAL BETWEEN ONSET AND DEATH <u>approx 12 hrs.</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO	<u>Arteriosclerotic hypertensive CVD</u>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO	<u>Rheumatoid arthritis</u>	<u>? yrs</u>

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>July 1, 1949</u> to <u>May 25, 1950</u> , that I last saw the deceased alive on <u>May 25, 1950</u> , and that death occurred at <u>7:40 p.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Herbert H. Lirickas</u> M. D.		23B. ADDRESS <u>St. Agnes Hospital</u>		23C. DATE SIGNED <u>5/25/50</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>4-22-50</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Cathedral</u>	
24D. LOCATION (City, town, or county) (State) <u>Baltimore</u>					
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 27 1950</u>		REGISTRAR'S SIGNATURE <u>Wilmington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>George A. Farley</u>	
				ADDRESS <u>Fulton St. & E. Ave.</u>	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 50 4771

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALLEN G. NOLL

2. DATE
OF
DEATH

May 26/1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

West Baltimore General Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3172 Remington Ave

c. Length of stay in Baltimore

14 yrs.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug 25, 1898

9. AGE (In years; last birthday)

53

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

machinist

10B. KIND OF BUSINESS OR INDUSTRY

MACHINERY (M)

11. BIRTHPLACE (State or foreign country)

Pennsylvania (Reading)

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Noll

14. MOTHER'S MAIDEN NAME

Annie Robinson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Allen Noll, Baltimore, Md.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

10 days.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 5/24/50, 19, to 5/26/50, 19, that I last saw the deceased alive on 5/26, 1950, and that death occurred at 240 pm, from the causes and on the date stated above.

23A. SIGNATURE

Joseph Shear

23B. ADDRESS

West Baltimore General Hospital

23C. DATE SIGNED

5/26/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/29/50

24C. NAME OF CEMETERY OR CREMATORY

Burns Hill

24D. LOCATION (City, town, or county) (State)

Waynesboro Pa.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 27 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Walter J. Grove Waynesboro Pa.

VS 150

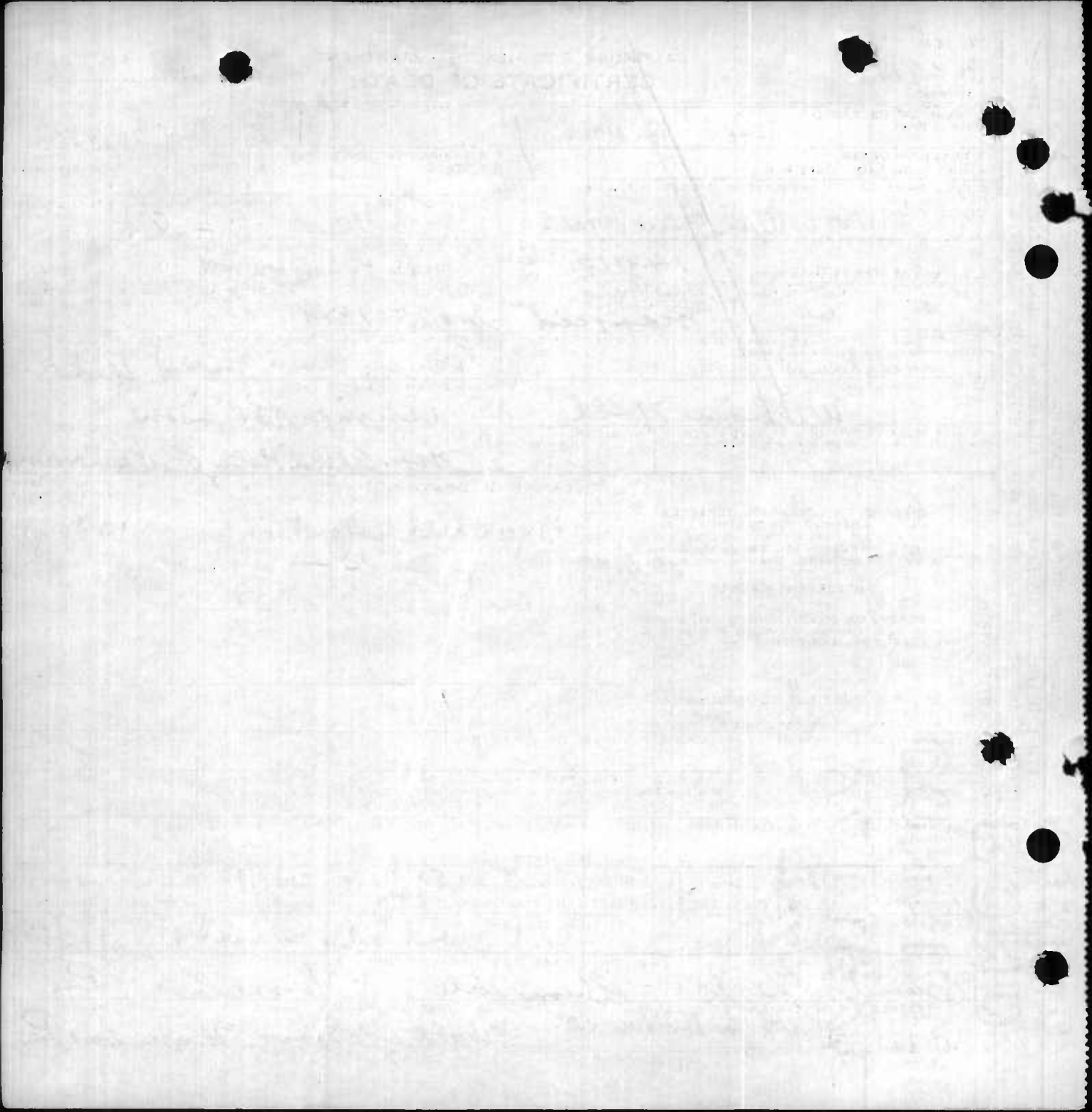
32637

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



W-1 416
REA 13190BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4772

Registered No.

BIRTH NO. 4772

1. NAME OF DECEASED
(Type or Print)

William McKinley Wolford

2. DATE
OF
DEATH

5-25-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hosp. 4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1631 N. Patterson Park Avenue

c. Length of stay in Baltimore

26 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shipping Clerk Crown Cork & Seal

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

Nov. 11, 1900

9. AGE (In years last birthday)

49

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James E. Wolford (D)

14. MOTHER'S MAIDEN NAME

Mary Wolford

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

4940

Records Balto. City Hosp. Eastern Avenue

18.

350X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Foreign Body in Right Main Bronchus (Aspiration of Bolus of Meat)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Parkinsonism

DUE TO

Head

(C) Old Heart Trauma with fracture of right frontal Bone

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

May 25, 1950

19B. MAJOR FINDINGS OF OPERATION

Bronchoscopy

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-3, 1950 to 5-25, 1950, that I last saw the deceased alive on 5-25, 1950, and that death occurred at 1:40 P. M., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Brown

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

5-26-50

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

Burial

24B. DATE

5/26/50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion

24D. LOCATION (City, town, or county)

Waynesboro Pa #1

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 27 1950

REGISTRAR'S SIGNATURE

Wilmington Williams, Jr.

25. FUNERAL DIRECTOR

Walter J. Grove, Waynesboro Pa.

ADDRESS

Dr. Falso showed copy of the certificate
to Dr. Moriyama. Both put
to Parkinsonian.

5/31/50 es.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4773
Registered No. 50 4773

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alexander MODRAK

2. DATE
OF
DEATH

5-25-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hosp. 4940 Eastern Avenue

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

831 Pontiac Avenue

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

July 18 1890

9. AGE (In years
last birthday)

59 yrs

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. MAJOR OCCUPATION (Give kind of
work done during most of working life, even if retired)

LONG SHOREMAN

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John

MODRAK

14. MOTHER'S MAIDEN NAME

Frances LUBINSKI

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

4940

Records Balto. City Hosp. Eastern Avenue

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Massive Hemorrhage from ruptured
esophageal varices

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Carcinoma of Gall Bladder extensive
Metastases

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-25, 1950, to 5-25, 1950, that I last saw the
deceased alive on 5-25, 1950, and that death occurred at 1:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Avenue

5-26-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

May 29 1950

STANISLAUS CEM

DUNDALK AVE MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

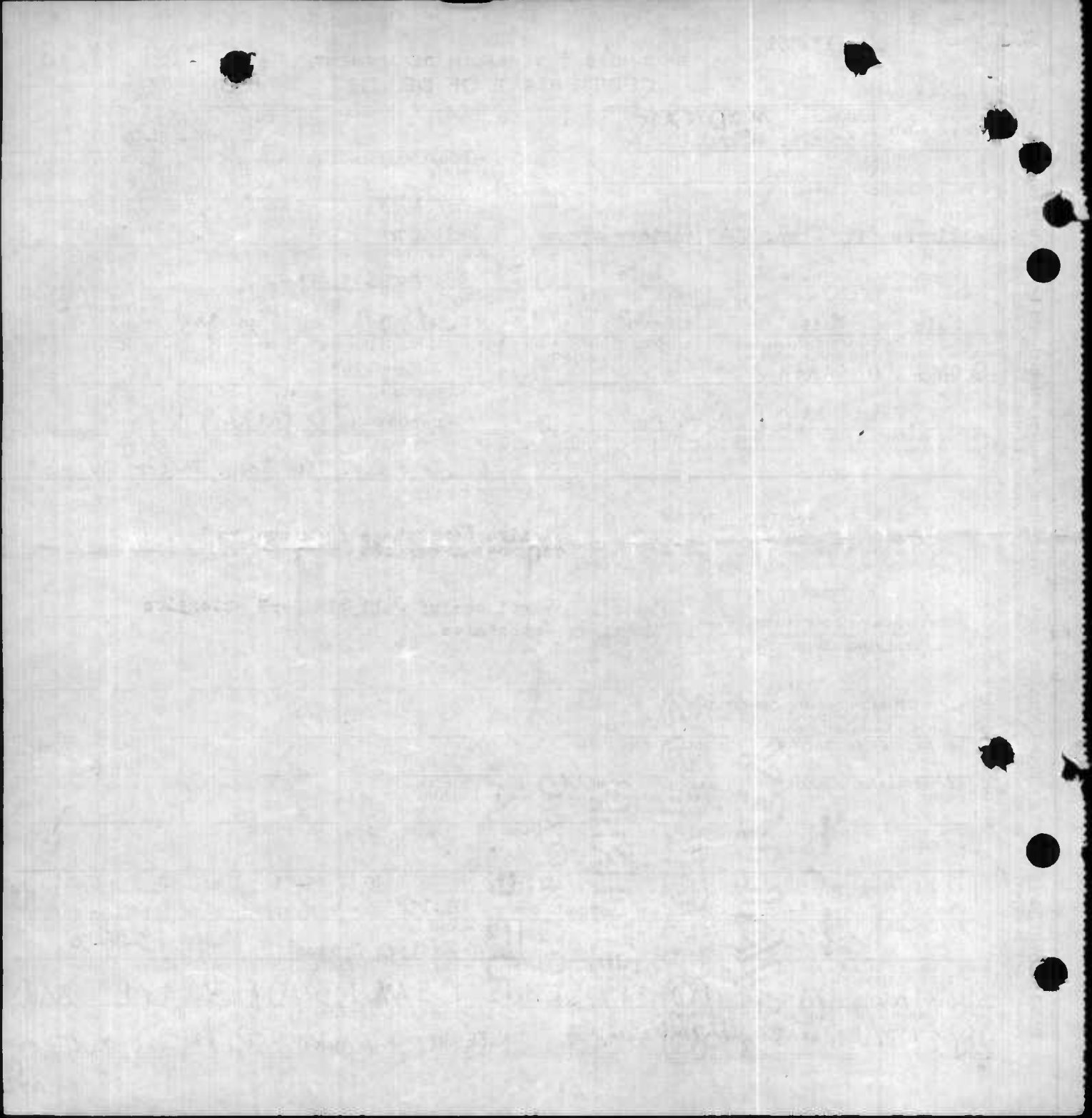
25. FUNERAL DIRECTOR

ADDRESS

MAY 27 1950

Huntington Williams, M.D.

STEPHEN G. FIAKOWSKI INC. 10005 KENWOOD



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4774
Registered No.

BIRTH NO.

1. NAME OF DECEASED

CHARLES LOUIS MACHER

2. DATE
OF
DEATH

May 24, 1950.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MD.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

23-02

O. STREET ADDRESS (If rural, give location)

9 E. FORT AVE

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

W.

8. DATE OF BIRTH

3-5-1862

9. AGE in years

78

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

FORMAN

10B. KIND OF BUSINESS OR
INDUSTRY

BALTO CITY

11. BIRTHPLACE (State or foreign country)

Balt.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown.

14. MOTHER'S MAIDEN NAME

Unknown.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No.

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CARDIAC DISEASE

CHRONIC

DUE TO

ANTECEDENT CAUSES

(B) ARTERIOSCLEROSIS.

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from May 24, 1950, to May 24, 1950, that I last saw the
deceased alive on May 24, 1950, and that death occurred at 5 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Dennis McGrath per

A. F. DiPaulo
M. O.

23B. ADDRESS

1 E Randall St

23C. DATE SIGNED

May 24, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5-17-50

24C. NAME OF CEMETERY OR CREMATORY

Ac. Plant.

24D. LOCATION (City, town, or county)

Balt.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

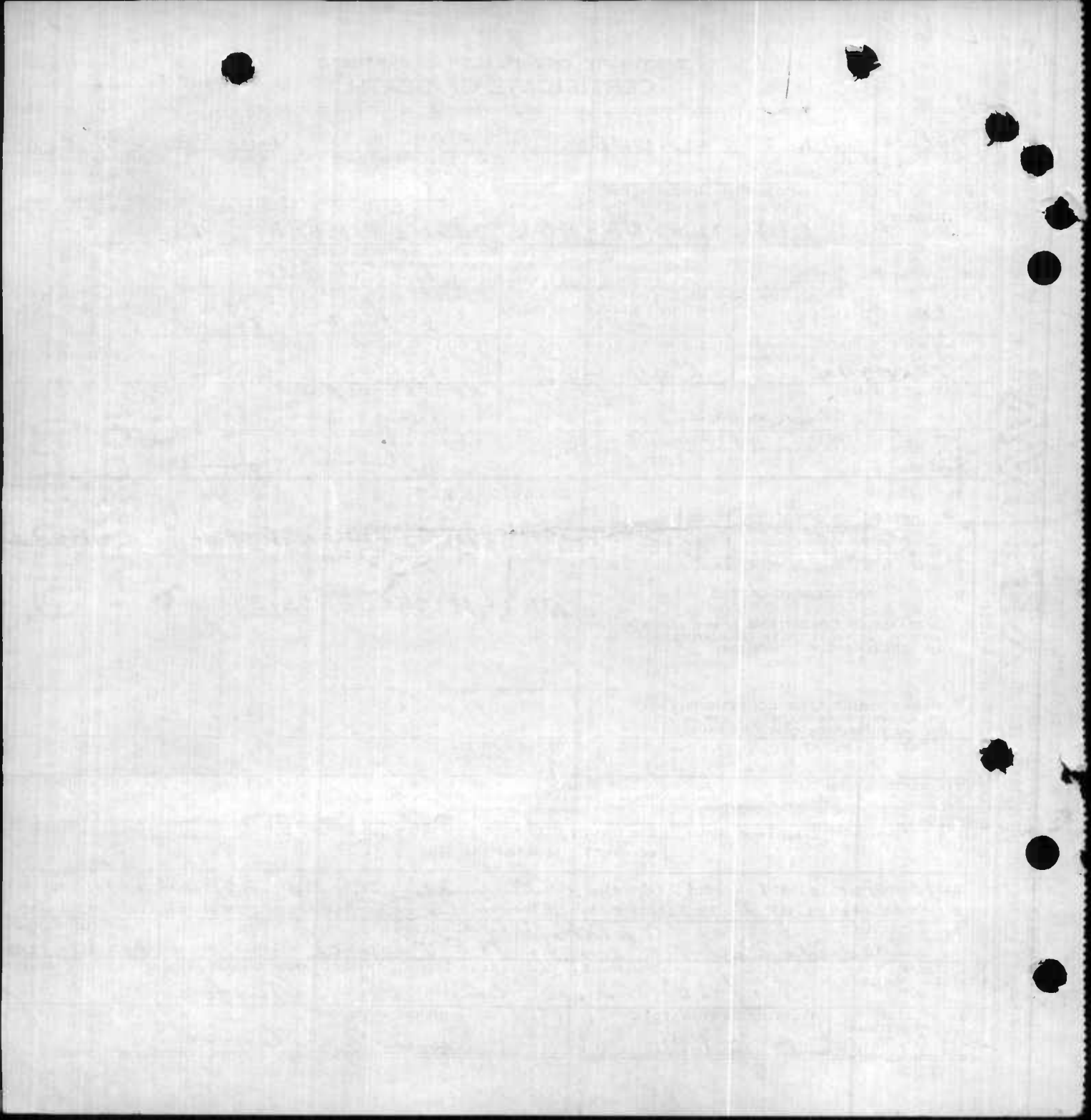
REGISTRAR'S SIGNATURE

MAY 27 1950

25. FUNERAL DIRECTOR

ADDRESS

James L. L. L.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4775

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MARY RESUTA

2. DATE
OF
DEATH

5/26/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Baltos. Md*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Franklin Square Hospital

C. CITY OR TOWN

If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. *171X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *Generalized Carcinomatosis*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Squamous cell carcinoma of the cervix*

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *10/27*, 19*49* to *5/26*, 19*50* that I last saw the deceased alive on *5/26*, 19*50*, and that death occurred at *10 A* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

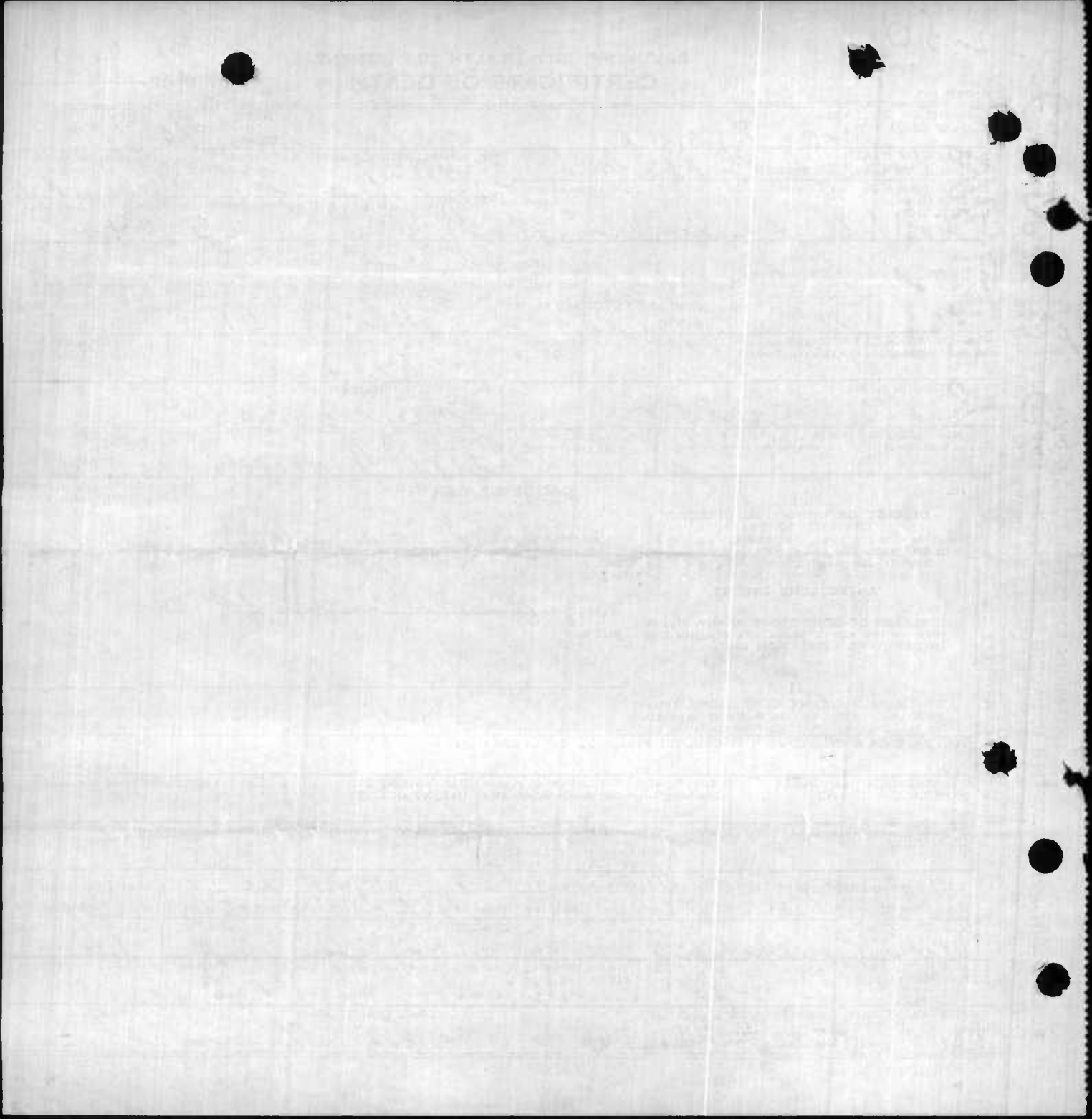
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 4776BIRTH NO. 50 4776-078191. NAME OF DECEASED
(Type or Print)BARBARA ANN GRANDY2. DATE
OF
DEATHMay 25, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION865 W. Franklin StreetC. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township) 17-03

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

865 W. Franklin Street

5. SEX

Female

6. COLOR OR RACE

Colored7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

April 8, 1950.9. AGE (In years
last birthday)If Under 1 Year
Months: Days117If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Roosevelt Grandy.

14. MOTHER'S MAIDEN NAME

Hermine Thomas.15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Eutude Davis. 865 W. Franklin St.18. 795.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Unknown

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

5/25/5024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

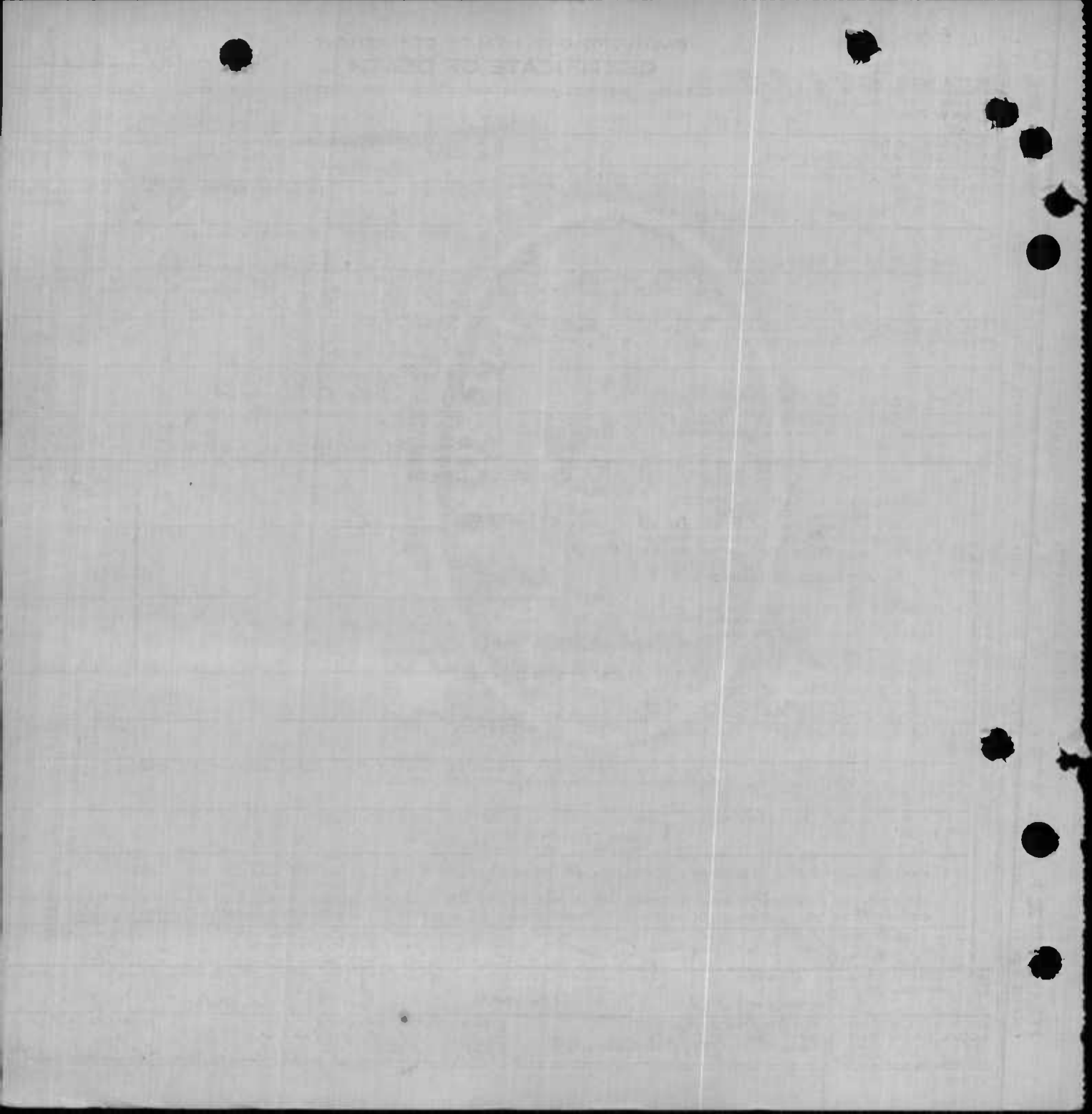
(State)

Burial May 27, 1950mt. Zion.Landsdowne Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS 3221MAY 27 1950Thurston Williams, M.D.Mrs. Katie R. Williams Schreder St.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4777

BIRTH NO. 50 4777

1. NAME OF DECEASED
(Type or Print)

JAMES JOHNSON

2. DATE
OF
DEATH

5/24/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSP

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

4-02

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

665 Pine St.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 1, 1900

9. AGE (In years last birthday)

50

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Fertilizer factory

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

Hospital records

18. 331X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Cerebral hemorrhage
DUE TO hypertension and arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/24/50, 19, to 5/24/50, 19, that I last saw the deceased alive on 5/24/50, and that death occurred at 1:52 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Haddens Swinski

M. D.

23B. ADDRESS

St. Joseph's Hosp.

23C. DATE SIGNED

5/25/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 29, 1950

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 27 1950

REGISTRAR'S SIGNATURE

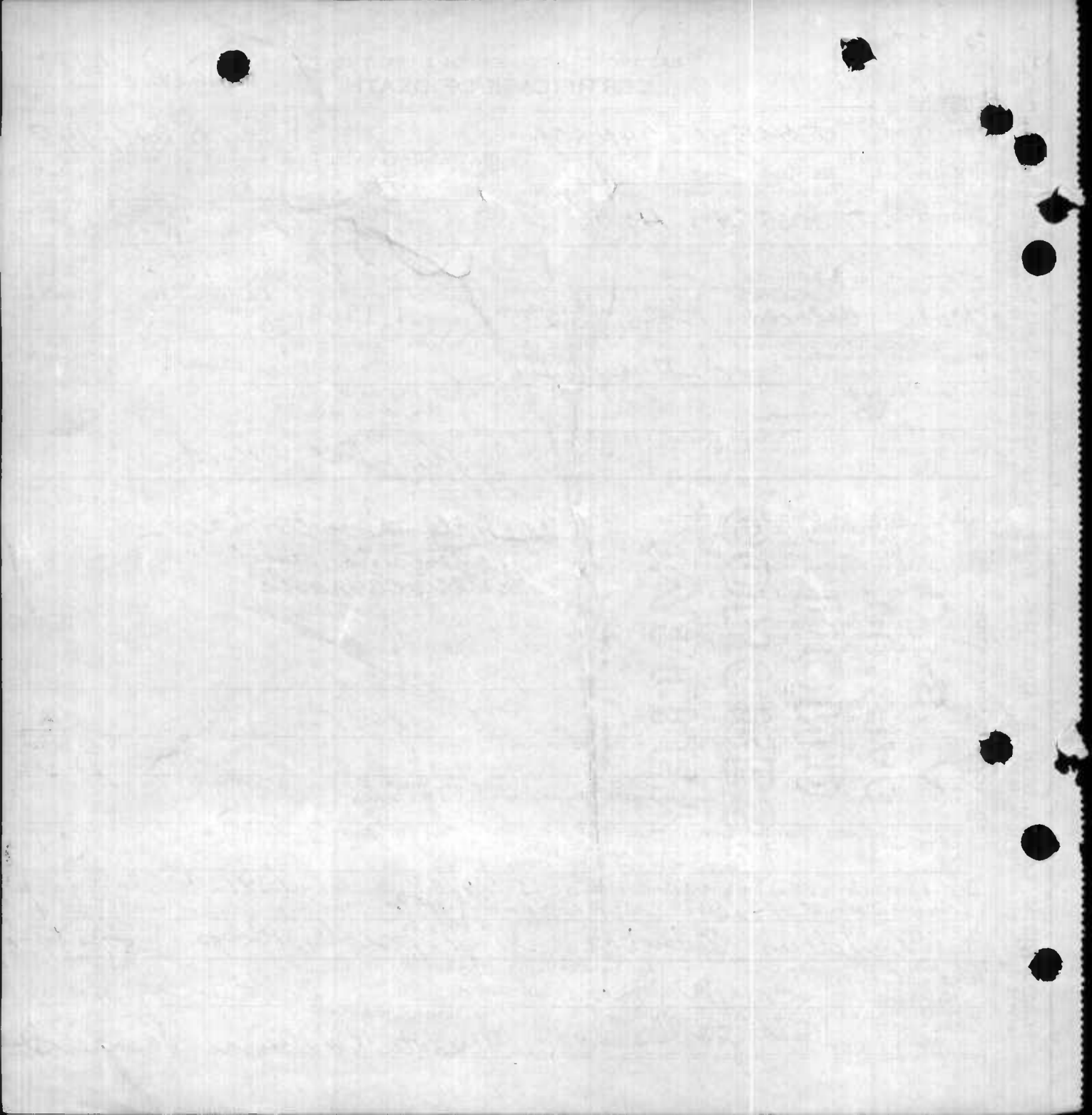
Thurston Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Kate Williams

ADDRESS

Schroeder St.



PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-652

AB-134344

BALTIMORE CITY HEALTH DEPARTMENT

50 4778

BIRTH NO. 1778 48-18405

CERTIFICATE OF DEATH

Registered No. May 25-1950

1. NAME OF DECEASED
(Type or Print)

Daniel Bronakoski

2. DATE
OF
DEATH

May 25-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MarylandB. COUNTY
BaltimoreB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONBaltimore City Hospitals
4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Rural) Landsdown LAWS DOWNE

D. STREET ADDRESS (If rural, give location)

404 3rd. Avenue 5300

C. Length of stay in Baltimore

5 months

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

June 18, 1948

9. AGE (In years
last birthday)

1

10. Under 1 Year
Months: Days: Hours: Min.

10

25

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Bronakoski

14. MOTHER'S MAIDEN NAME

Helen Slaski

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
Baltimore City Hospitals
Records: 4940 Eastern Avenue

18. 002 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Tuberculous Meningitis Meningitis.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Pulmonary Tuberculosis

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ No ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-20-____, 19 49 to 5-25-____, 19 50 that I last saw the
deceased alive on 5-25-____, 19 50, and that death occurred at 3:52 Am., from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

5-25-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 27 1950

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Belair Road Balto Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

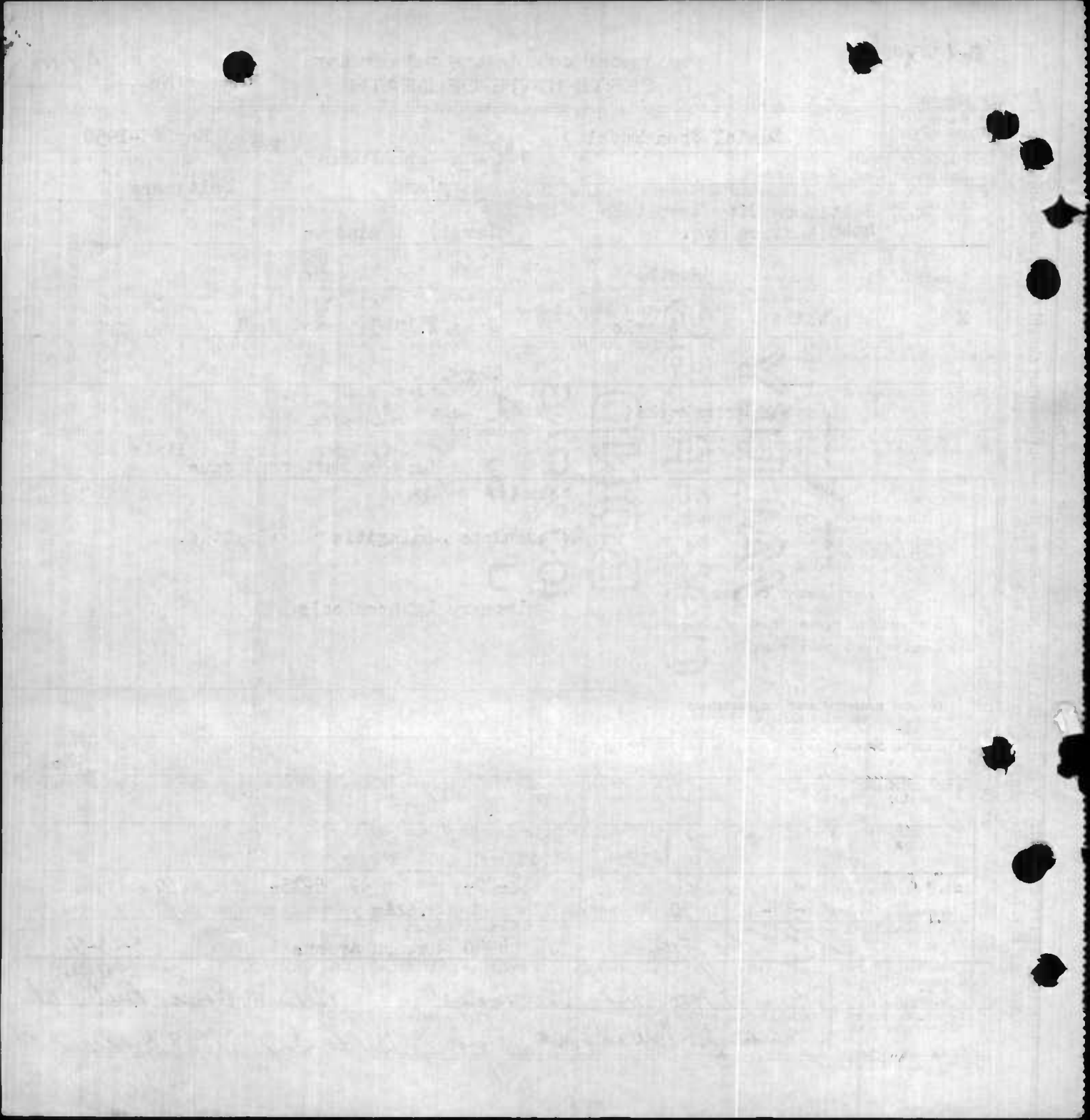
John J. Duda Inc

ADDRESS

2829 Hudson St.

MAY 27 1950

1313



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4779
Registered No. 50 4779

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLARA MIRIAM ZEPP

2. DATE
OF
DEATH

May 25, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

B. COUNTY
Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION Colonial Nursing Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Catonsville

4506 Sorrento Rd.

D. STREET ADDRESS (If rural, give location)

414 S. Rolling Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

June 17, 1874

9. AGE (In years;
last birthday)

75

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Never Worked

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Westminster, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

William H. H. Zepp

14. MOTHER'S MAIDEN NAME

Catherine Elizabeth Moritz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mr. W. Scott Zepp 414 S. Rolling Rd.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) ...
DUE TO

Coronary occlusion

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ...
DUE TO

Arterio sclerosis

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) ...
DUE TO

Senile psychosis

3 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940 to May 26, 1950, that I last saw the deceased alive on 5/25, 1950, and that death occurred at 12:10 AM from the causes and on the date stated above.

23A. SIGNATURE

D. P. Alagia

23B. ADDRESS

336 S. ...

23C. DATE SIGNED

5/26/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/29/50

24C. NAME OF CEMETERY OR CREMATORY

Krieders Cem.

24D. LOCATION (City, town, or county) (State)

Westminster, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 27 1950

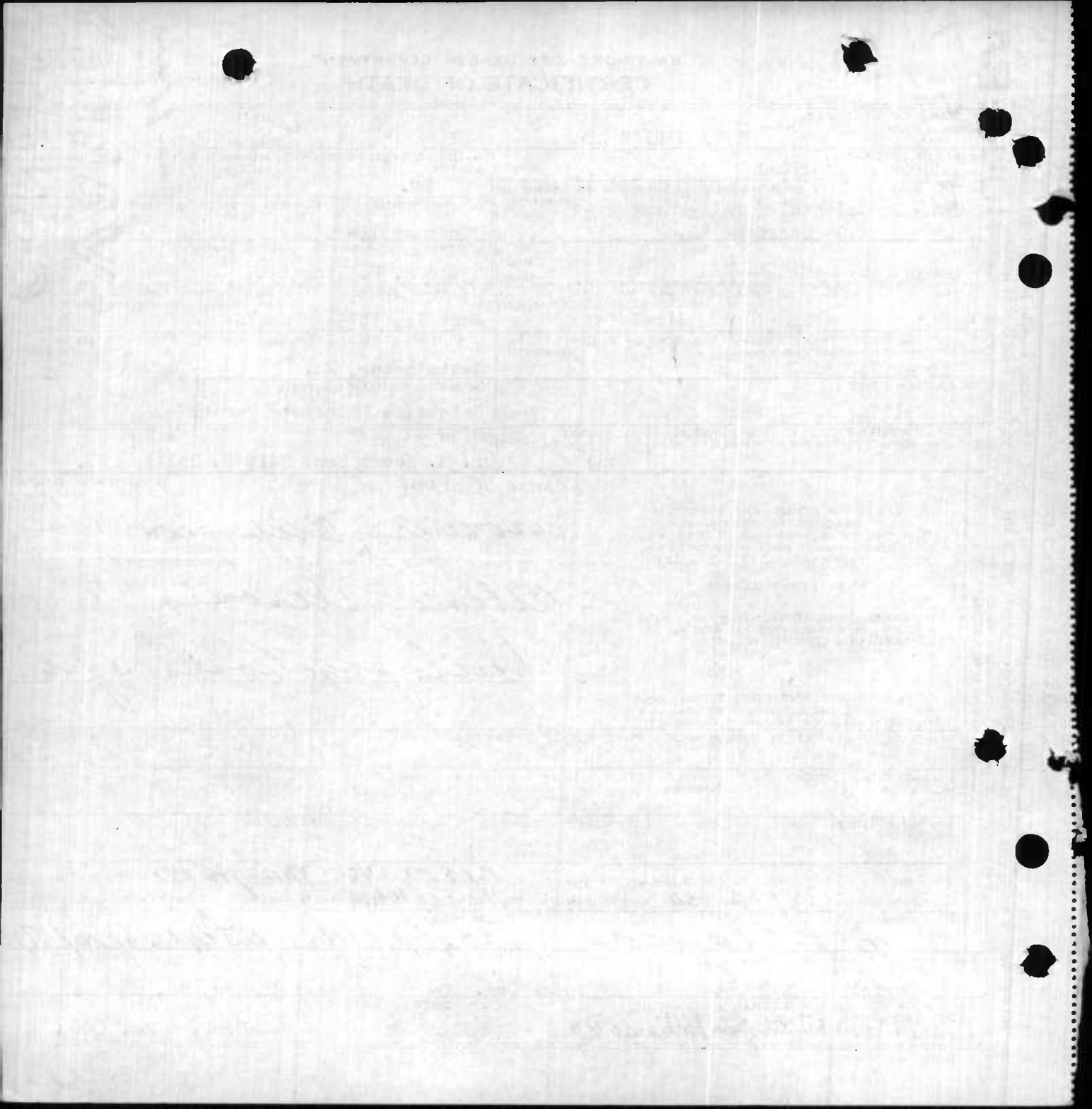
REGISTRAR'S SIGNATURE

Wilmington Williams, MD

25. FUNERAL DIRECTOR

ADDRESS

Mr. J. ... North & Pa. Aves.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4780
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LILLIAN BELL STOKES

2. DATE OF DEATH

May 25, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland *1315 Madison Ave*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Maryland* B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION *Bar-Wil-Pa. Cor. Home*)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 12-04

D. STREET ADDRESS (If rural, give location)
410 E. 32 1/2 St.

c. Length of stay in Baltimore *48 yrs.*

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 27, 1901

9. AGE (In years last birthday)

48

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

James H. Stokes

14. MOTHER'S MAIDEN NAME

Clivia Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

William H. Stokes

ADDRESS

410 E. 32 1/2 St.

18. *331X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage -

INTERVAL BETWEEN ONSET AND DEATH

15 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertension

7

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5-10, 1950* to *5-25, 1950*, that I last saw the deceased alive on *5-25, 1950*, and that death occurred at *6 A. M.*, from the causes and on the date stated above.

23A. SIGNATURE

James S. Harrison

M. D.

23B. ADDRESS

2224 Madison Ave

23C. DATE SIGNED

5-27-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/27/1950

24C. NAME OF CEMETERY OR CREMATORY

Pleasant Rest

24D. LOCATION (City, town, or county) (State)

Towson, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Holland Funeral Home

ADDRESS

1631 Grand Hill Ave

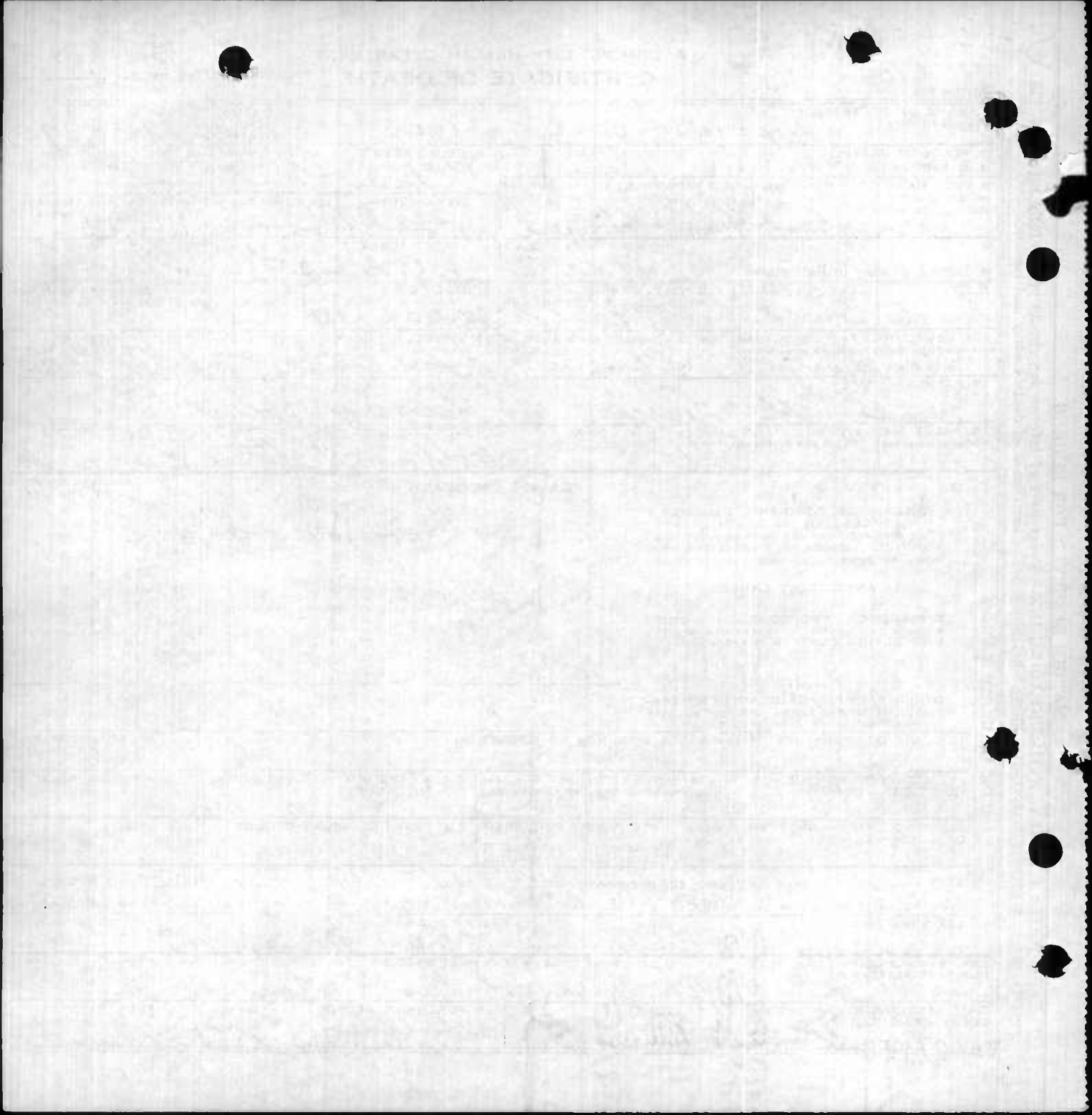
MAY 27 1950

VS 150

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.



The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4781
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUIS M. KNIGHT

2. DATE
OF
DEATH

MAY 26, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MARYLAND

B. COUNTY

BALT.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALT.

13-08

D. STREET ADDRESS (If rural, give location)

2062 ROCKROSE AVE.

c. Length of stay in Baltimore

YRS

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

MAY 3 1984

9. AGE (In years
last birthday)

66

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

WATCHMAN

10B. KIND OF BUSINESS OR
INDUSTRY

TRU ADE BOTTLING CO

11. BIRTHPLACE (State or foreign country)

VIRGINIA

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

WILLIAM KNIGHT

14. MOTHER'S MAIDEN NAME

— GREEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

UNK

16. SOCIAL
SECURITY NO.

213-01-8125

17. INFORMANT

WIFE

ADDRESS

SAME

18. 4720

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ACUTE MYOCARDIAL INFARCTION

15 MINUTES

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ARTERIOSCLEROTIC HEART DISEASE

YRS.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from MAY 15, 1950 to MAY 26, 1950, that I last saw the deceased alive on MAY 26, 1950, and that death occurred at 9:52 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Henry Charlton Graybeal

23B. ADDRESS

M. D. Union Memorial Hospital

23C. DATE SIGNED

5-26-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 29/50

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 27 1950

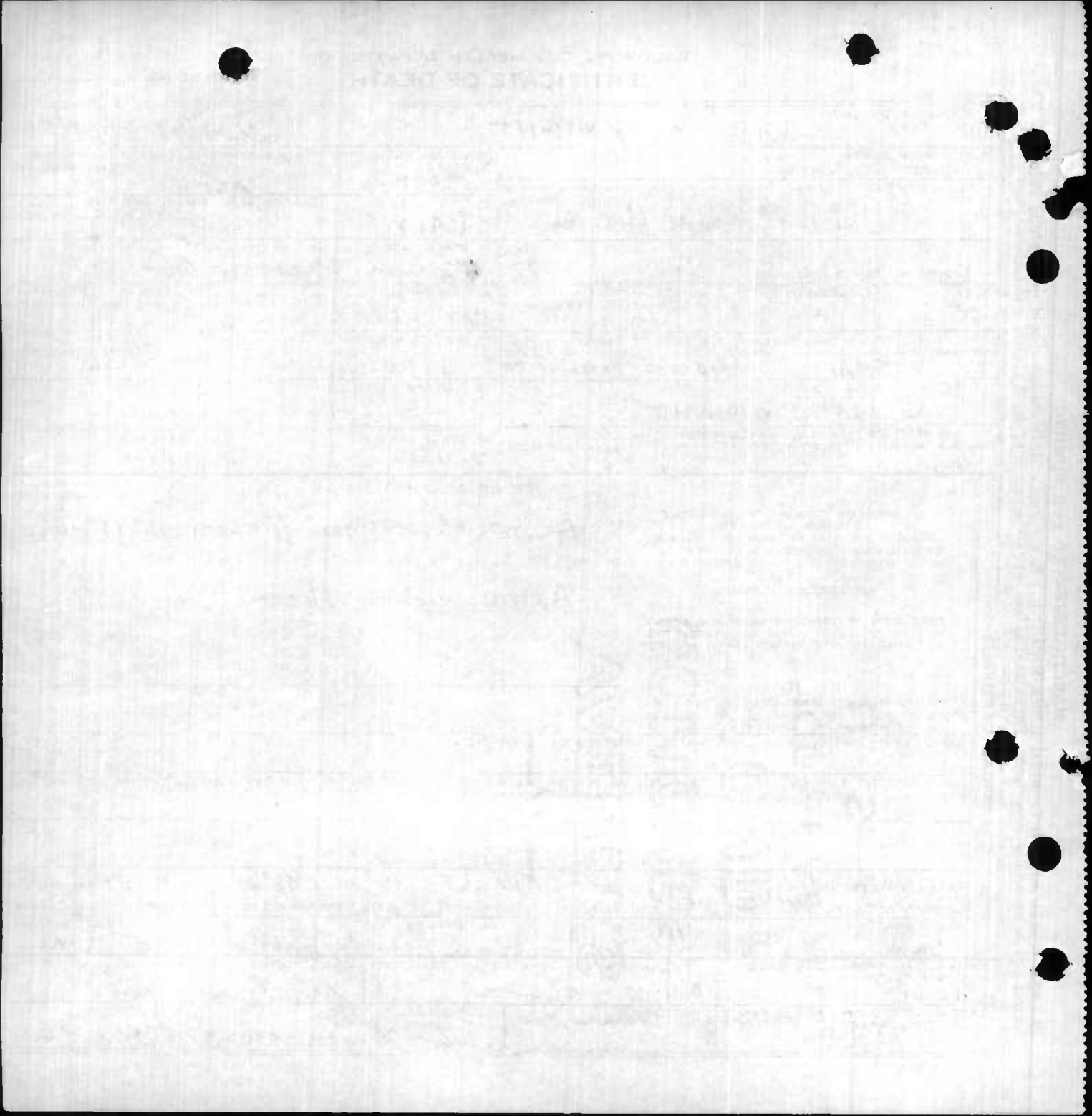
REGISTRAR'S SIGNATURE

William M. Williams

25. FUNERAL DIRECTOR

Trustin E. Donovan - 3818 Roland Ave

ADDRESS



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4782

Registered No.

BIRTH NO. 50-10455

1. NAME OF DECEASED
(Type or Print)

BABY Boy Duvall

2. DATE
OF
DEATH

5-26-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland Union Memorial Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Maryland Baltimore, Md. 27-15

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4424 Newport Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Infant.

10B. KIND OF BUSINESS OR
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

CHARLES M.

14. MOTHER'S MAIDEN NAME

Mabel Lucille Duvall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

18. 776 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Prematurity

18 hrs

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 5-26 1950, to 5-26, 1950, that I last saw the deceased alive on 5-26, 1950, and that death occurred at 8:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

William F. Stengel M.D.

Union Memorial Hosp.

5-26-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

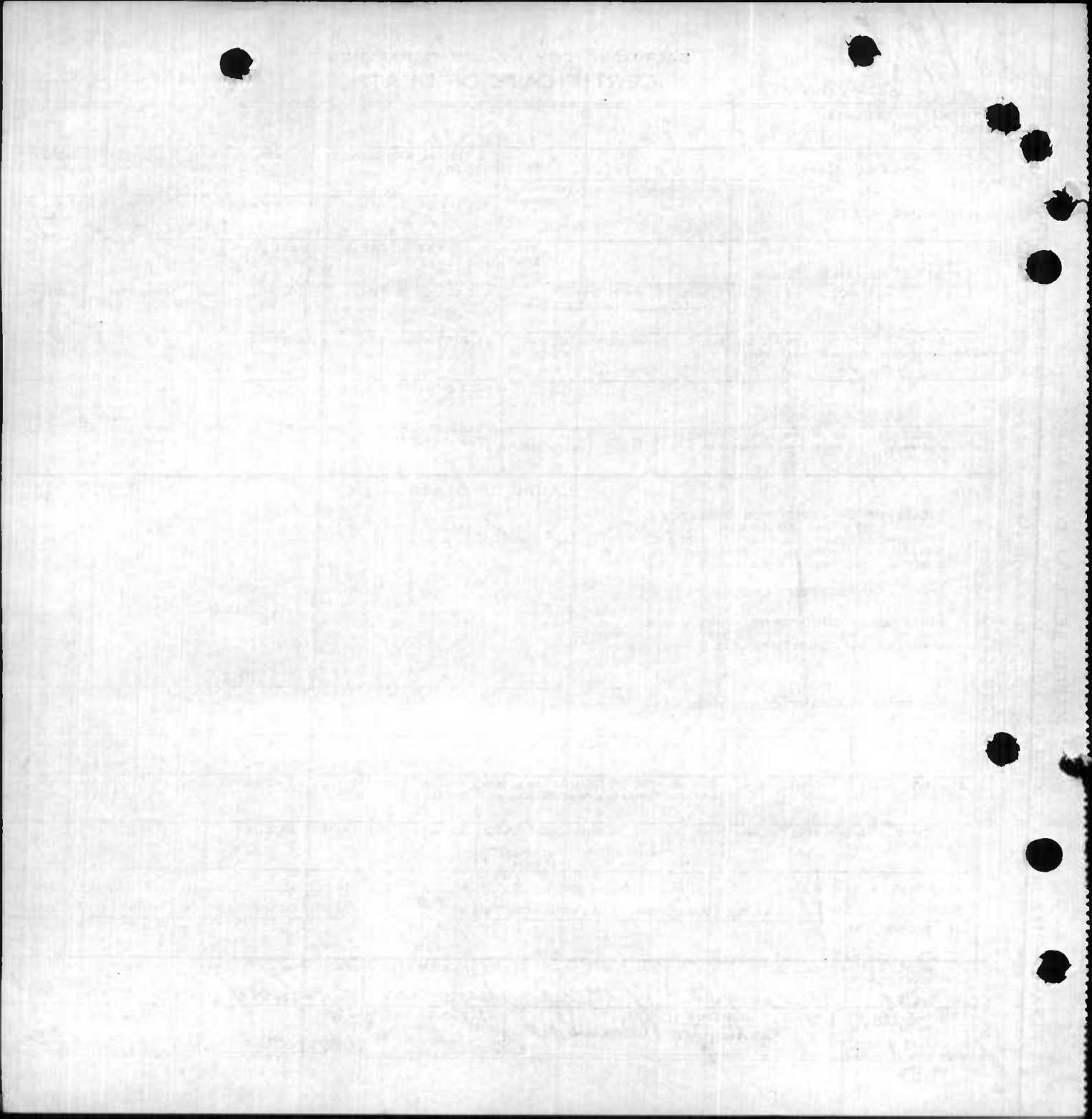
25. FUNERAL DIRECTOR

ADDRESS

MAY 27 1950

William F. Stengel, M.D.

Eustace E. Donovan - 3815 Roland Ave



PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

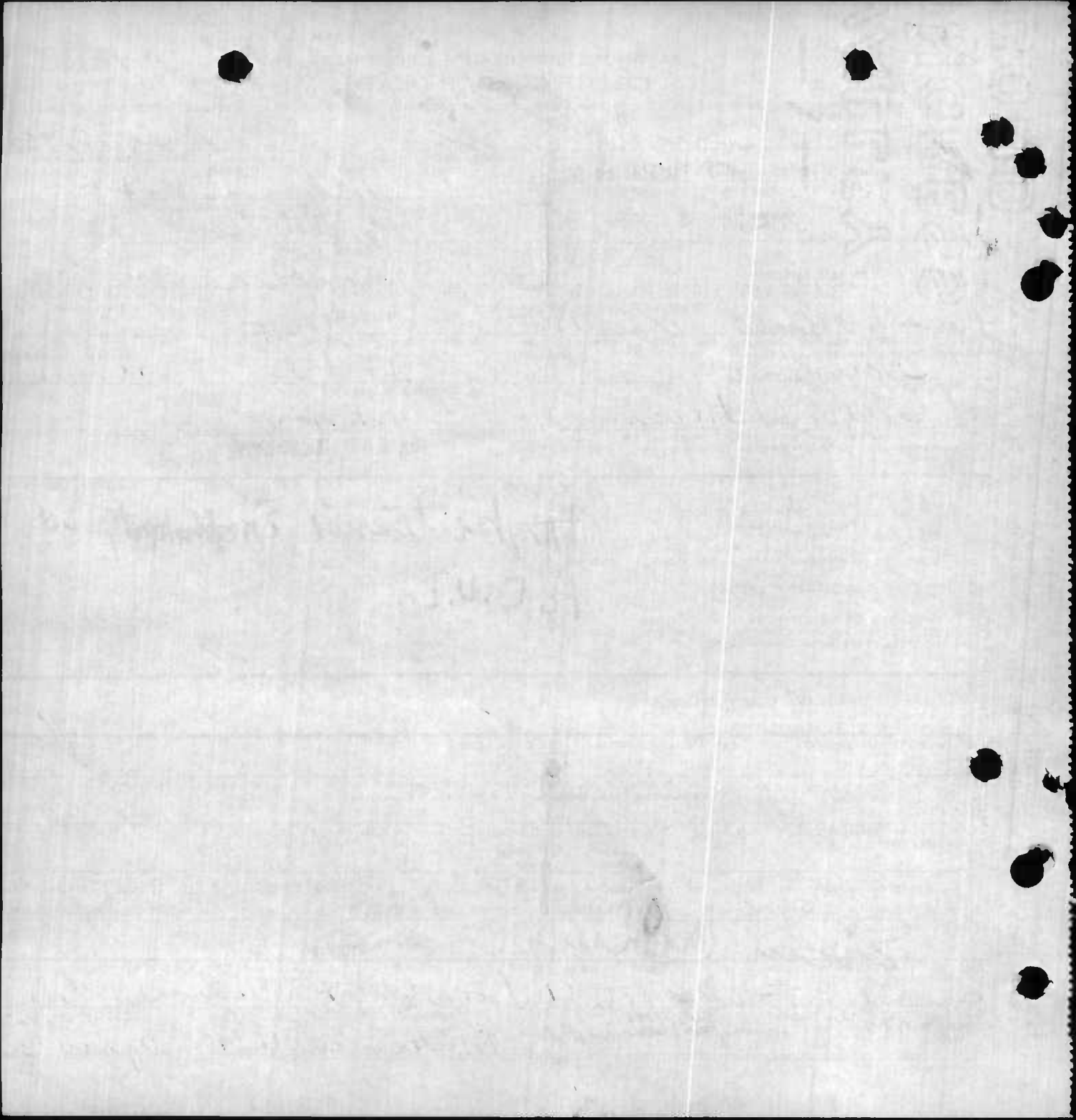
50 4783
Registered No.

B 652
50 4783

1. NAME OF DECEASED (Type or Print) <i>Deborah Burns</i>		2. DATE OF DEATH <i>May 25, 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>JOHNS HOPKINS HOSPITAL</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>25-02A</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 25</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>3044 Pearson Ave</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>5-14-1907</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10B. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <i>43</i>
11. BIRTHPLACE (State or foreign country) <i>N.C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>William Herman</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMATION		ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Hypertensive Encephalopathy 3d</i> DUE TO (B) <i>H.C.U.D.</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION <i>5-28-50</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5-24-</i> , 19 <i>50</i> , to <i>5-25-</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>5-25-</i> , 19 <i>50</i> , and that death occurred at <i>10:45 PM</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>Eileen Williams</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5-28-50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Auburn Cem. Baltimore.</i>	
24D. LOCATION (City, town, or county) (State) <i>Md.</i>		24E. FUNERAL DIRECTOR <i>Mr. Francis A. Hemmley Biddle</i>		ADDRESS <i>5180</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 27 1950</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4784

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WEST, JOHN J.

2. DATE
OF
DEATH

MAY 26, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE University Hospital

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2748 Winchester St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 21, 1897

9. AGE (In years last birthday)

53

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Proprietor

10B. KIND OF BUSINESS OR INDUSTRY

Garage and Auto Repairing

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

West

14. MOTHER'S MAIDEN NAME

Margaret Kober

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

215-10-4876

17. INFORMANT

ADDRESS

Mrs. Louise B. West, 2748 Winchester St.

18. 415X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Cerebral Thrombosis

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Auricular Fibrillation

DUE TO

20 yrs

(C)

Rheumatic Cardiovascular Dis

20 yrs

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May 1, 1950, to May 26, 1950, that I last saw the deceased alive on May 26, 1950, and that death occurred at 1:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

David Aued

M. D.

23B. ADDRESS

Univ Hosp

23C. DATE SIGNED

May 26, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 29, 1950

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 27 1950

REGISTRAR'S SIGNATURE

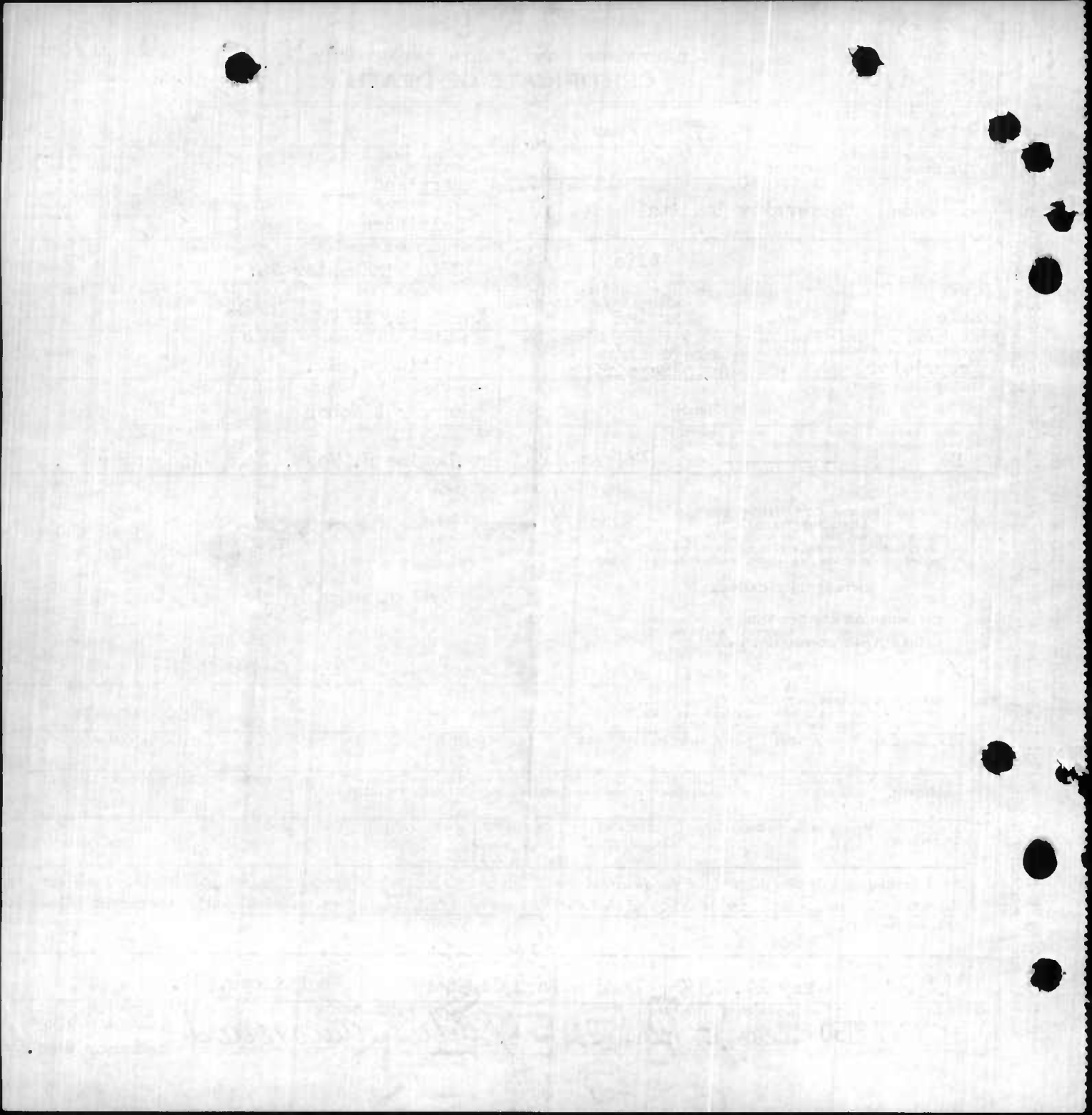
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. H. Lamoignon

ADDRESS

4510 Liberty Heights Ave.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4785

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EUGENE GALLOWAY

2. DATE
OF
DEATH

25 MAY 50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Good Samaritan Hosp.
27 N. Casey St

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1-22-82

9. AGE (In years;
last birthday)

68

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Farmer

11. BIRTHPLACE (State or foreign country)

Annapolis, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John Galloway

14. MOTHER'S MAIDEN NAME

Elinor Galloway

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Eugene Galloway Jr.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertension and arteriosclerotic
cardio-vascular disease

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 June, 1950, to 24 May, 1950, that I last saw the
deceased alive on 24 May, 1950, and that death occurred at 2:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Emil H. Henning Jr.

M. D.

23B. ADDRESS

601 Winans Way

23C. DATE SIGNED

26 May 50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5-27-50

24C. NAME OF CEMETERY OR CREMATORY

Annapolis, Md.

24D. LOCATION (City, town, or county)

Annapolis, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 27 1950

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Reese, Md.

ADDRESS

108 W. Calhoun St.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4786
Registered No.

F 663
The 50 BIRTH NO. 4786

1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
Barbara M. Feuerherd			May 25, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 114 S. Catherine St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City 20-04		
c. Length of stay in Baltimore 85 years			D. STREET ADDRESS (If rural, give location) 114 S. Catherine St.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11-3-1861	9. AGE (In years, last birthday) 88	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Conrad Murbach			14. MOTHER'S MAIDEN NAME Elizabeth Hillsinger		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Sadie F. Dempsey-114 S. Catherine St.		

18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Cerebral hemorrhage DUE TO		INTERVAL BETWEEN ONSET AND DEATH 7 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
(B) Generalized arteriosclerosis arteriosclerotic vascular disease DUE TO		
19A. DATE OF OPERATION		
19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 18, 1950, to May 25, 1950, that I last saw the deceased alive on May 25, 1950, and that death occurred at 10:15 P.M. from the causes and on the date stated above.

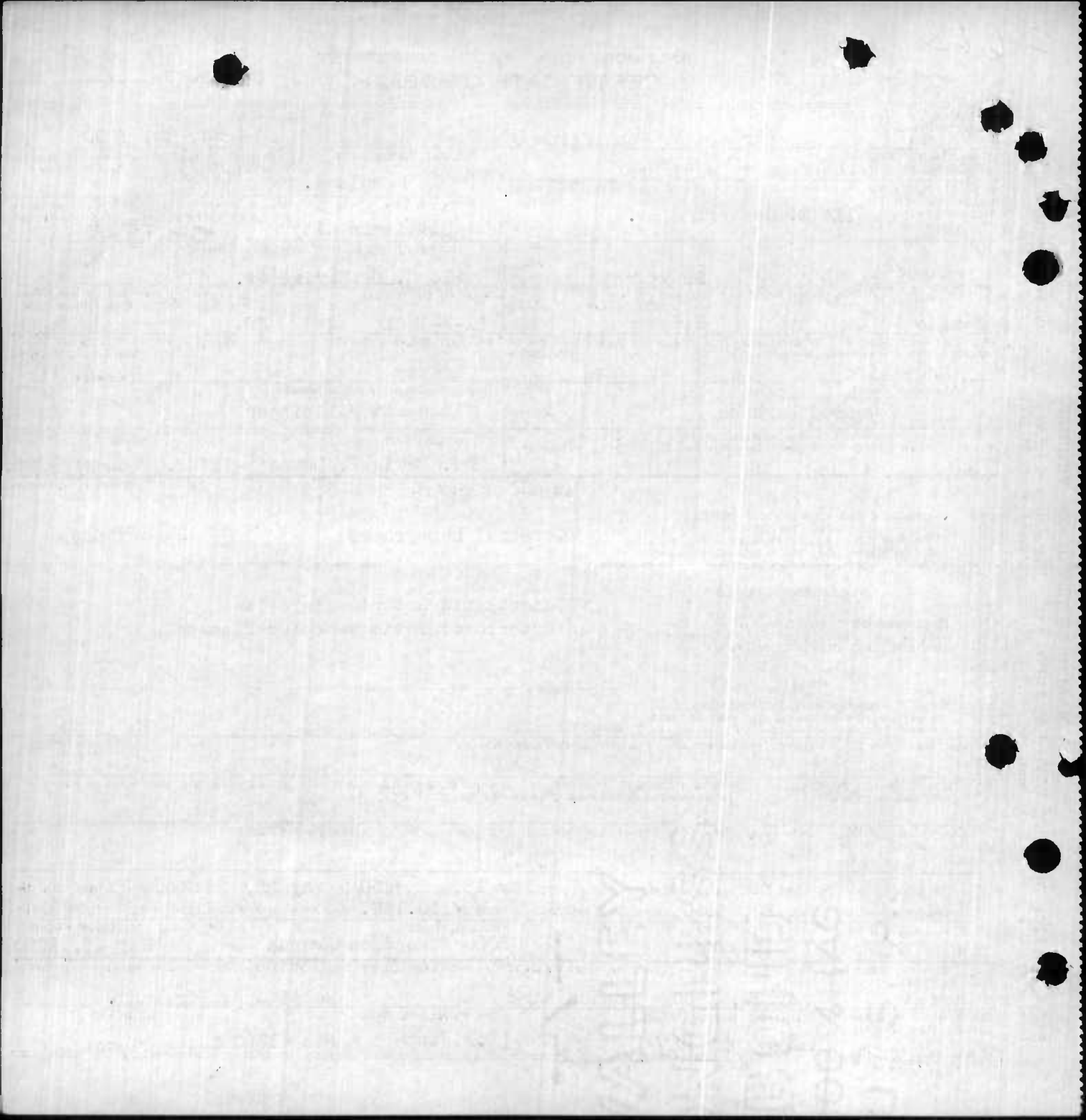
23A. SIGNATURE <i>Sigrid A. Rupp</i>	23B. ADDRESS 3030 Edmondson Avenue	23C. DATE SIGNED May 26, 1950
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE May 29, 1950	24C. NAME OF CEMETERY OR CREMATORY Loudon Park
24D. LOCATION (City, town, or county) Baltimore, Maryland.		24E. DATE RECEIVED BY LOCAL REGISTRAR MAY 27 1950
25. FUNERAL DIRECTOR F.B. Wippert & Son 1300 Eutaw Place.		25. REGISTRAR'S SIGNATURE <i>Wilmington Williams</i>

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4787
Registered No.

BIRTH NO. 4787

1. NAME OF DECEASED (Type or Print) <i>Ernest F. Kirschke "Kirschke"</i>			2. DATE OF DEATH <i>5-24-50</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Balto.</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>St. Agnes Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 20-05</i>	
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>2669 Wilkins Ave.</i>	
5. SEX <i>m</i>	6. COLOR OR RACE <i>w</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>6-11-1891</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Machine Operator Pittsburg Glass Co</i>			9. AGE (In years last birthday) <i>58 yrs</i>	
10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <i>md. - Baltimore</i>	
13. FATHER'S NAME <i>Charles Kirschke</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO. <i>217-146749</i>	
17. INFORMANT <i>Lillian Kirschke</i>			ADDRESS <i>same</i>	

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Chronic passive congestion</i> II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>ARTERIOSCLEROTIC CRANIA -</i> DUE TO <i>VASCULAR DISEASE & PLEURAL EFFUSION + PULMONARY</i> (B) <i>EDEMA</i> DUE TO <i>PULMONARY INFARCT RT. BASE</i> (C) <i>CPC LIVER</i>	INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5/22, 1950</i> to <i>5/24, 1950</i> , that I last saw the deceased alive on <i>5/24, 1950</i> and that death occurred at <i>1:40 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Dr. H. Shaw</i>		23B. ADDRESS <i>St. Agnes Hosp.</i>		23C. DATE SIGNED <i>5/24/50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>May 27-50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Linden Park Balto</i>	
24D. LOCATION (City, town, or county) (State) <i>md.</i>		24E. NAME OF CEMETERY OR CREMATORY <i>Linden Park Balto</i>		24F. LOCATION (City, town, or county) (State) <i>md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Wm. Williams</i>		25. FUNERAL DIRECTOR <i>F. B. Wepfer & Son</i>	
				ADDRESS <i>1300 E. End Rd. 4</i>	

MAY 27 1950

49625

1300 E. End Rd. 4
93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE INK. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. THE CORRECT AGE IS ESPECIALLY IMPORTANT. PHYSICIANS: PLEASE WRITE THE CAUSES OF DEATH CLEARLY AND LEGIBLY.

SECOND

THIRD

M-160
50 4788BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX 50 4788
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Oscar Mayberry

2. DATE
OF
DEATH

5-27-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Thonkston 5300

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Oct 8, 1886

9. AGE (In years
last birthday)

63 64

10. Under 1 Year
Months: Days
Hours: Min.

7 19

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Lumber

10B. KIND OF BUSINESS OR
INDUSTRY

Saw mill

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Thomas C. Mayberry

14. MOTHER'S MAIDEN NAME

Polly Durrall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

Unknown

16. SOCIAL
SECURITY NO.

21812.8909

17. INFORMANT

Patient

ADDRESS

18.

151X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TO

Generalized carcinomatosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TO

Gastric carcinoma

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) ...

19A. DATE OF OPERATION

5-25-50

19B. MAJOR FINDINGS OF OPERATION

Carcinomatosis abdominal

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-9-50, 19__, to 5-27-50, 19__, that I last saw the
deceased alive on 5-27-50, 19__, and that death occurred at 7 P. m., from the causes and on the date stated above.

23A. SIGNATURE

A. H. Shuckley

M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

5-27-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/30/1950

24C. NAME OF CEMETERY OR CREMATORY

Oak Grove

24D. LOCATION (City, town, or county)

Fountain Green Md

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 28 1950

REGISTRAR'S SIGNATURE

Wilmington Williams M.D.

25. FUNERAL DIRECTOR

Charles E. Kutz Jarrettsville

ADDRESS

46 B md

VS 150

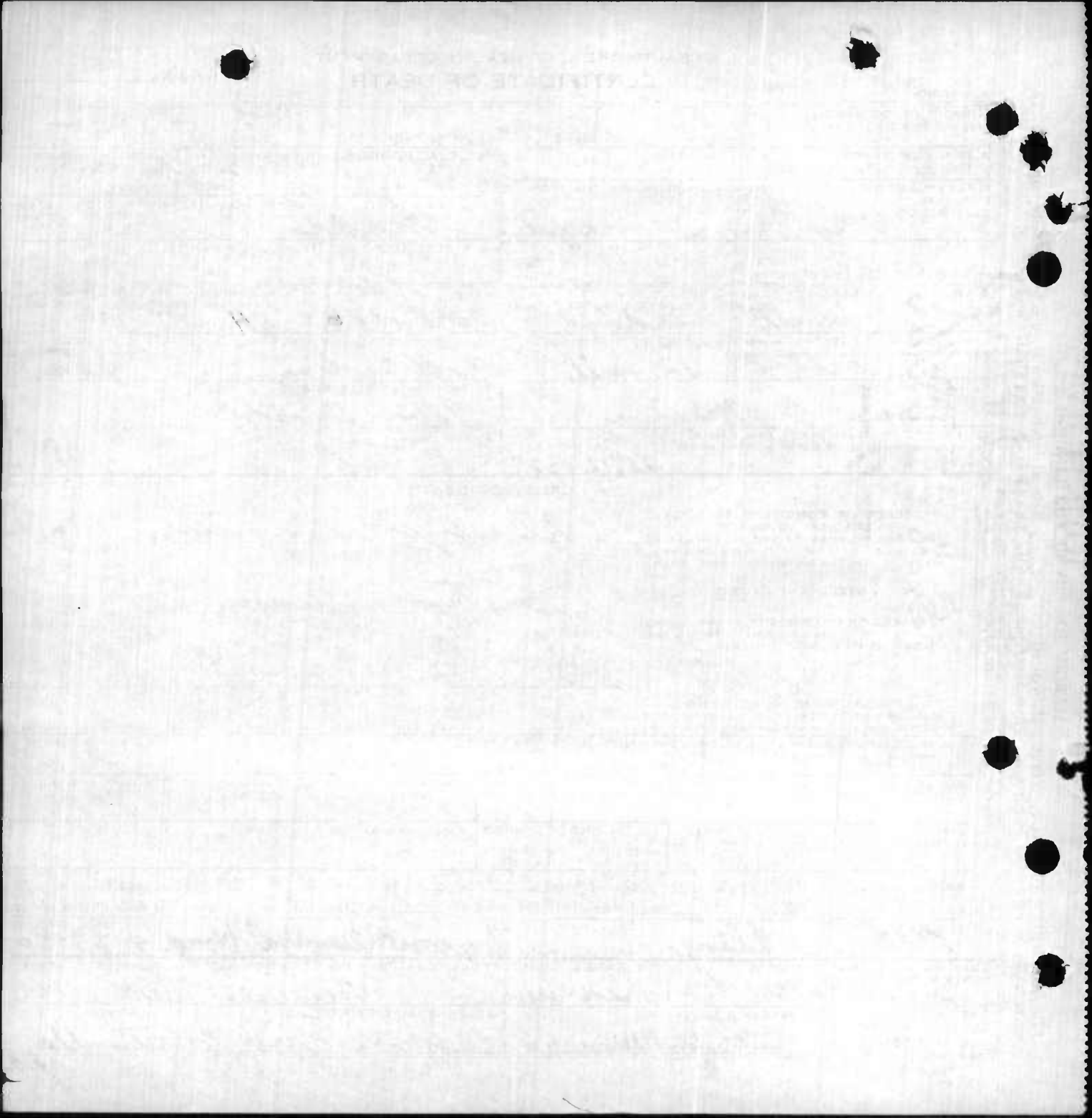
98809

46 B md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **50 4789**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BENJAMIN JONES

2. DATE
OF
DEATH

May 26, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. FULL NAME OF (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

22-01

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

704 S. Charles Street

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

4/19/1921

9. AGE (In years last birthday)

29

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Meat Plant

11. BIRTHPLACE (State or foreign country)

Henderson, N.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Ben Jones

14. MOTHER'S MAIDEN NAME

Cora Harris

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Willis Jones-4 W. York St

18. **E981X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Gunshot wound of chest**

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

618 S. Charles Street

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

5/26/50 6:30 P. M.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

5/27/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

5/28/50

24C. NAME OF CEMETERY OR CREMATORY

Henderson, N.C.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

108 W

ADDRESS

J. L. Brown & Son - Montgomery St

MAY 28 1950
VS 151

N-862.4

78880

166

✓

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

DO NOT WRITE IN THESE SPACES

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4790
Registered No. _____

BIRTH NO. 50 4790

1. NAME OF DECEASED (Type or Print) <i>Annie Eisel</i>			2. DATE OF DEATH <i>May 26 - 1950</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>2027 Herbert St.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Prince George Co.</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Do</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 15-04</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>2027 Herbert Street</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Dec. 24 - 1876</i>	9. AGE (In years last birthday) <i>73 74</i>	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>Home Duties</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>none</i>		
11. BIRTHPLACE (State or foreign country) <i>Prince Georges Ind. of Balto</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		
13. FATHER'S NAME <i>George - Washington Clark</i>			14. MOTHER'S MAIDEN NAME <i>Evelyn Greenwell</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>-</i>		
17. INFORMANT <i>Earl E. Eisel - 2027 Herbert St.</i>			ADDRESS		

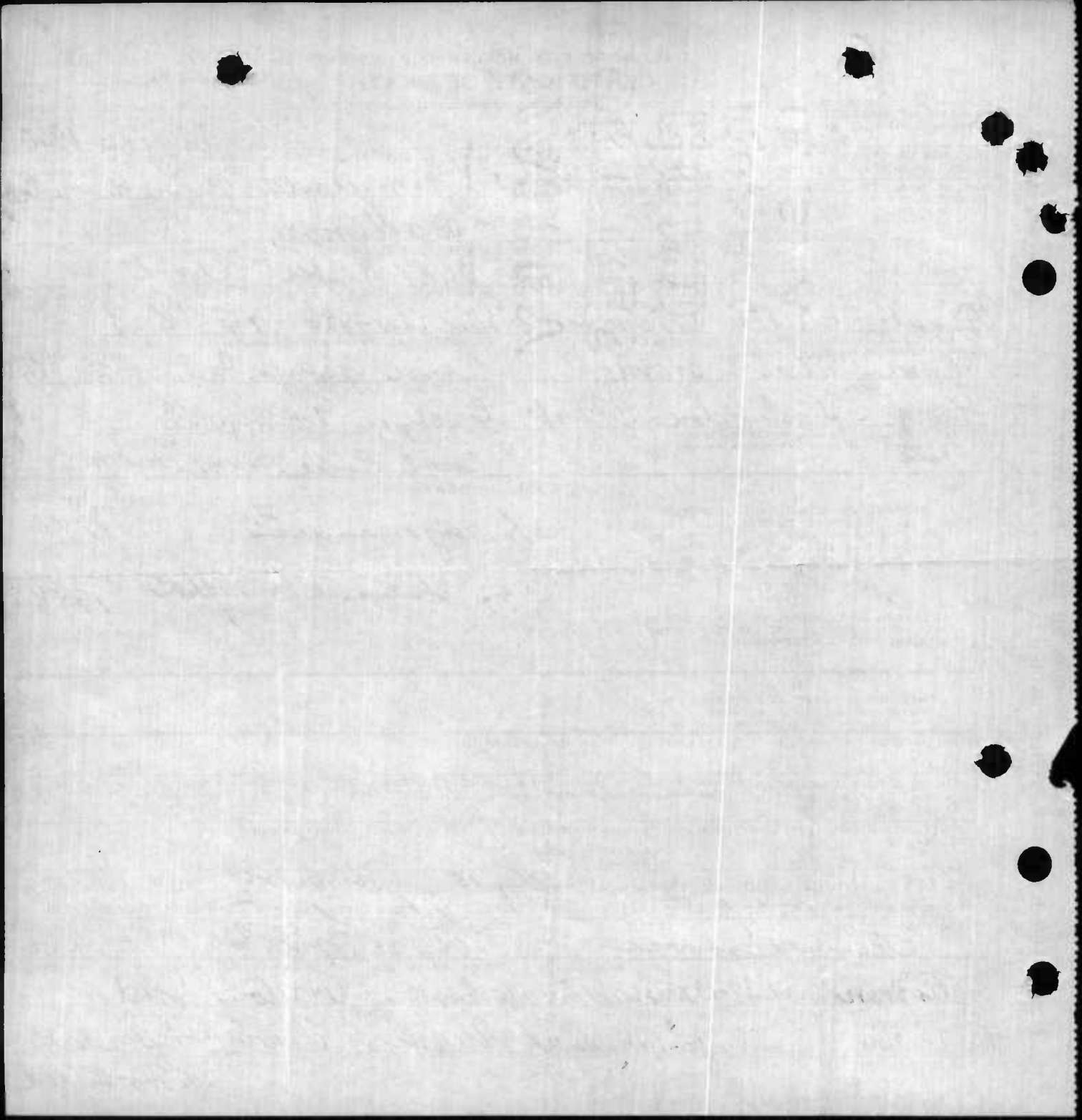
18.	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>592X</i>	CAUSE OF DEATH (A) <i>Ch. mycarditis</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>1948</i>
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>Ch. Intestinal nephritis</i> DUE TO	<i>1948</i>
	(C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>May 15</i> , 1950 to <i>May 26</i> , 1950, that I last saw the deceased alive on <i>May 19</i> , 1950 and that death occurred at <i>8 A.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Pam Brown</i>		23B. ADDRESS <i>1663 W. North Ave</i>		23C. DATE SIGNED <i>5-27-50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Baltimore May 29 - 1950</i>		24B. DATE <i>May 29 - 1950</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore Cem.</i>	
24D. LOCATION (City, town or county) (State) <i>Balto. Ind.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 28 1950</i>		24F. REGISTRAR'S SIGNATURE <i>William Williams, M.D.</i>	
24G. FUNERAL DIRECTOR <i>Maunie Cook - Saffer 1600</i>		24H. ADDRESS <i>131a W. North Ave</i>		24I. DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 28 1950</i>	

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SAMUEL EISENBERG

2. DATE
OF
DEATH

May 27, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location.)

2028 Wilkens Ave

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2028 Wilkens Ave

c. Length of stay in Baltimore

65 Yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

July 2, 1872

9. AGE (In years,
last birthday)

77

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, or if retired)

Shoe Business Own Business

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph H Eisenberg

14. MOTHER'S MAIDEN NAME

Anna Winaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Leonard Eisenberg 2028 Wilkens Ave

ADDRESS

18.

153X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) General Carcinomatosis

DUE TO

one year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Carcinoma of sigmoid

DUE TO

three years

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1947

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of sigmoid

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/10, 1946, to 5/27, 1950, that I last saw the
deceased alive on 5/27, 1950, and that death occurred at 5 A. M., from the causes and on the date stated above.

23A. SIGNATURE

J. J. [Signature]

M. D.

23B. ADDRESS

2320 [Address]

23C. DATE SIGNED

5/27/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 28, 1950

24C. NAME OF CEMETERY OR CREMATORY

Moses Montifiore Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

Sol [Signature]

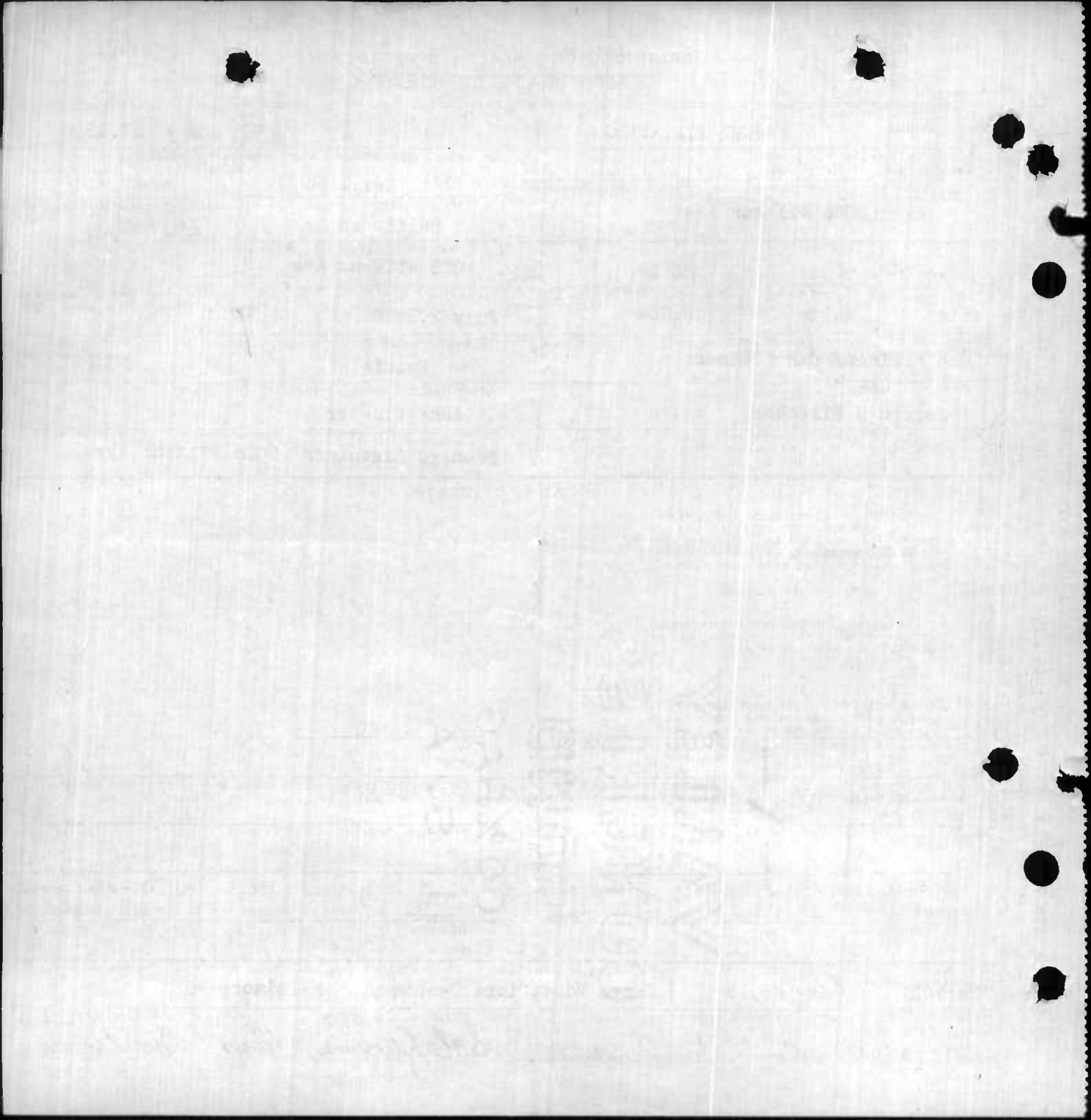
ADDRESS

126 W North ave

MAY 28 1950

VS 150

46E



G-417
50 4792BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4792
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emma G. Glosberman

2. DATE
OF
DEATH

5/28/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Lucius Glosberman - Same

18.

331X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Diabetes mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 5/25, 1950, to 5/28, 1950, that I last saw the deceased alive on 5/28, 1950, and that death occurred at 1:40 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 28 1950

70689

61

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

001 857

F-300
50 4793

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4793
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) DAVID FEIT		2. DATE OF DEATH 5-26-50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 4109 Belle Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-10			
c. Length of stay in Baltimore 42 Yrs. Mon Days		D. STREET ADDRESS (If rural, give location) 4109 Belle Ave			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH	9. AGE (In years: last birthday) 56	10. Under 1 Year: Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Interior Decorator - self		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Austria	
13. FATHER'S NAME Isaac		14. MOTHER'S MAIDEN NAME Mollie			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Bessie Feit 4109 Belle Ave	

18. 420.1	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) MYOCARDIAL INSUFFICIENCY		
ANTECEDENT CAUSES	(B) CORONARY OCCLUSION		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) ARTERIO SCLEROTIC CARDIOVASCULAR RENAL DISEASE		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 9, 1946 , to MAY 26, 1950 , that I last saw the deceased alive on MAY 26, 1950 , and that death occurred at 11 m., from the causes and on the date stated above.					
23A. SIGNATURE Isadore Shorofsky M.D.		23B. ADDRESS 601 N. Monroe St.		23C. DATE SIGNED 5/27/50.	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-28-50		24C. NAME OF CEMETERY OR CREMATORY Rosedale	
24D. LOCATION (City, town, or county) (State) Balto Md		25. FUNERAL DIRECTOR Beck Lewis			
DATE RECEIVED BY LOCAL REGISTRAR MAY 28 1950		REGISTRAR'S SIGNATURE Thurston Williams		ADDRESS 2100 Canton Rd	

15667

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATION

MEDICAL

Shorofsky
601 No. Howie St

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4794
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Myer Seires (SEIRIES)

2. DATE
OF
DEATH

5-27-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

St Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 19-04

D. STREET ADDRESS (If rural, give location)

521 So Fulton Ave

c. Length of stay in Baltimore

48

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years
last birthday)

68

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Tailor

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Not known

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Eva Seires 521 So Fulton Ave

18.

E812.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Multiple Fractures

DUE TO

(tibia, fibula, and pelvis)

ANTECEDENT CAUSES

(B)

Arterio-sclerotic C.V. Disease

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Wilkins Avenue & Pulaski Street 20/3

21D. TIME (Month) (Day) (Year) (Hour)

May 18, 1950 8:25 P. m.

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Carl L. Royer

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☐

23C. DATE SIGNED

28 May 50

M.D.

24A. NAME OF CEMETERY OR CREMATORY

24B. LOCATION (City, town, or county) (State)

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-28-50

24C. NAME OF CEMETERY OR CREMATORY

United Hebrew

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

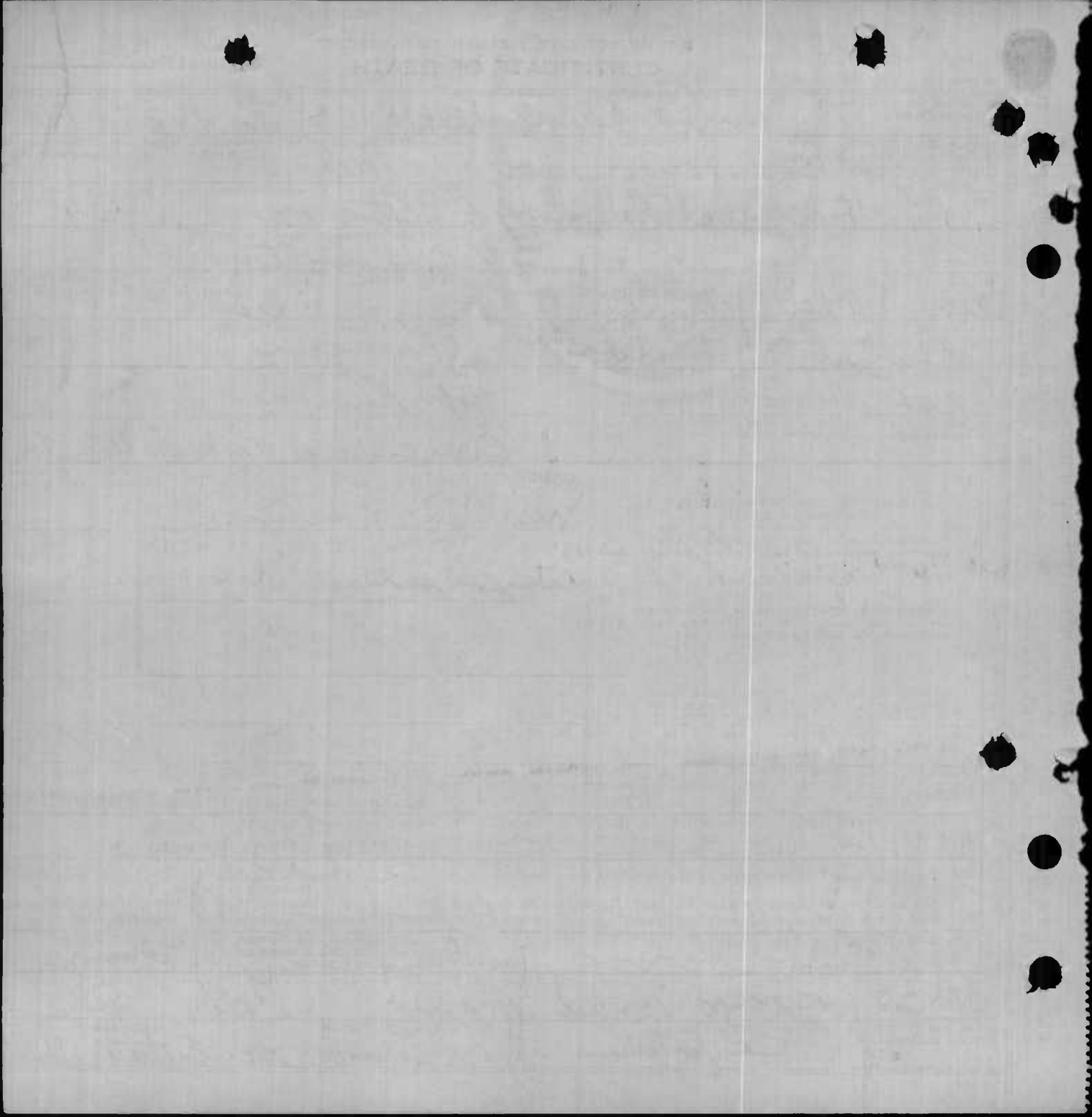
REGISTRAR'S SIGNATURE

Thurington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis 2100 Eutaw Pl



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **50 4795**

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Catherine Theresa Burns

2. DATE
OF
DEATH

May 25, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland **824 E. Preston St**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

824 E. Preston St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

April 6, 1874

9. AGE (in years, last birthday)

76

10 Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Roscommon, Ireland

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Michael Toulan

14. MOTHER'S MAIDEN NAME

Elizabeth Devine

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Miss Mary Burns, 824 E. Preston St

18.

443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

6 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardiovascular disease

15 years

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **March 31, 1950**, to **May 25, 1950**, that I last saw the deceased alive on **May 25, 1950**, and that death occurred at **4 P M.**, from the causes and on the date stated above.

23A. SIGNATURE

William F Pearce

23B. ADDRESS

2105 N Charles St

23C. DATE SIGNED

May 26, 50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 29, 1950

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Stanton Williams

25. FUNERAL DIRECTOR

ADDRESS

Rita Wiedefeld, 900 E. Biddle St

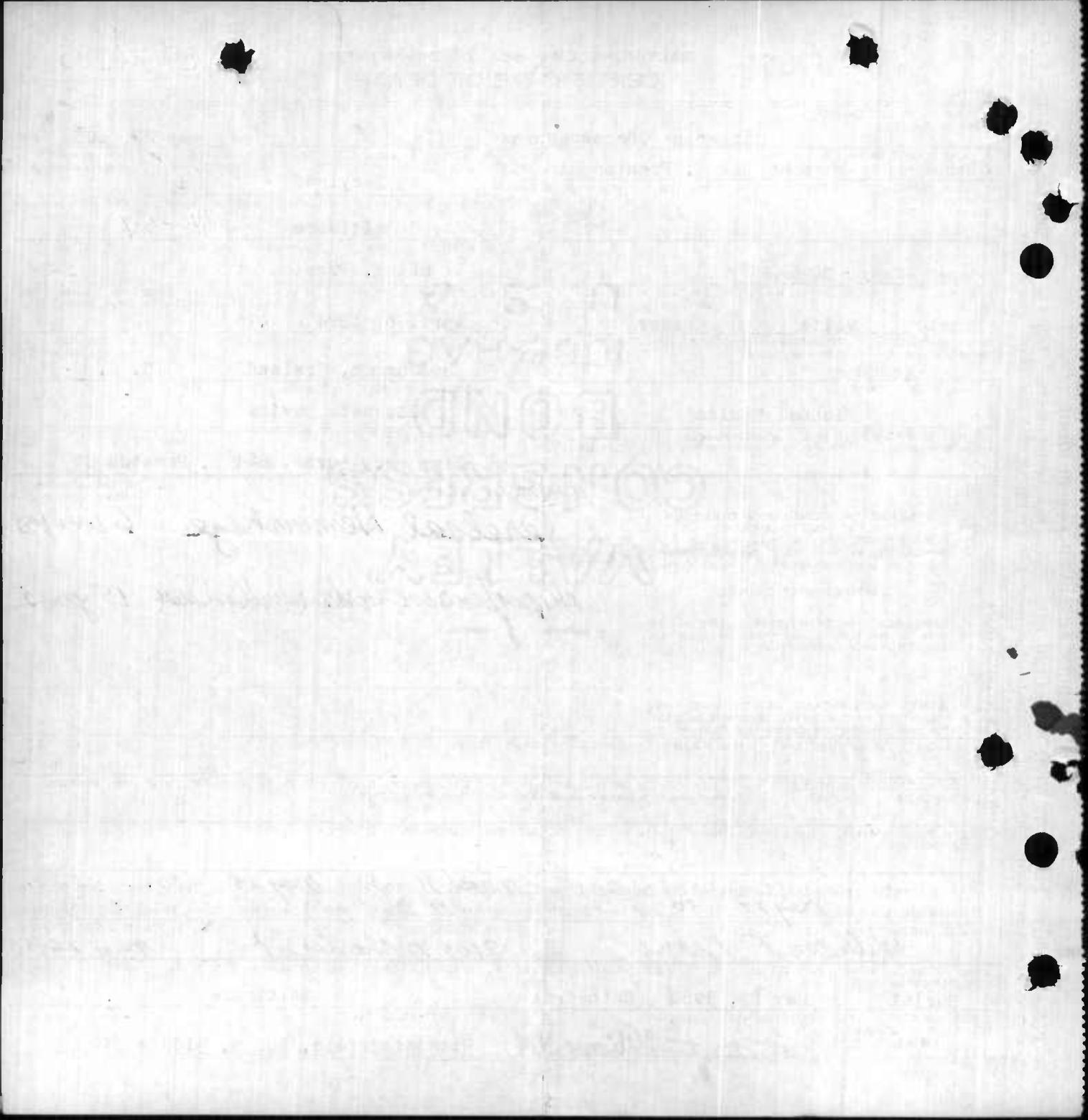
VS 150

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAY 28 1950



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4796
Registered No.B-415
50 4796
BURIAL NO.NAME OF DECEASED
(Type or Print)*Helen A. Blevins*2. DATE OF DEATH
MAY 26 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *mitral stenosis and insufficiency*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Rheumatic Heart Disease*

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.*Tricuspid insufficiency - aortic stenosis*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4-27-1950* to *5-26-1950*, that I last saw the deceased alive on *5-26-1950* and that death occurred at *8:15 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

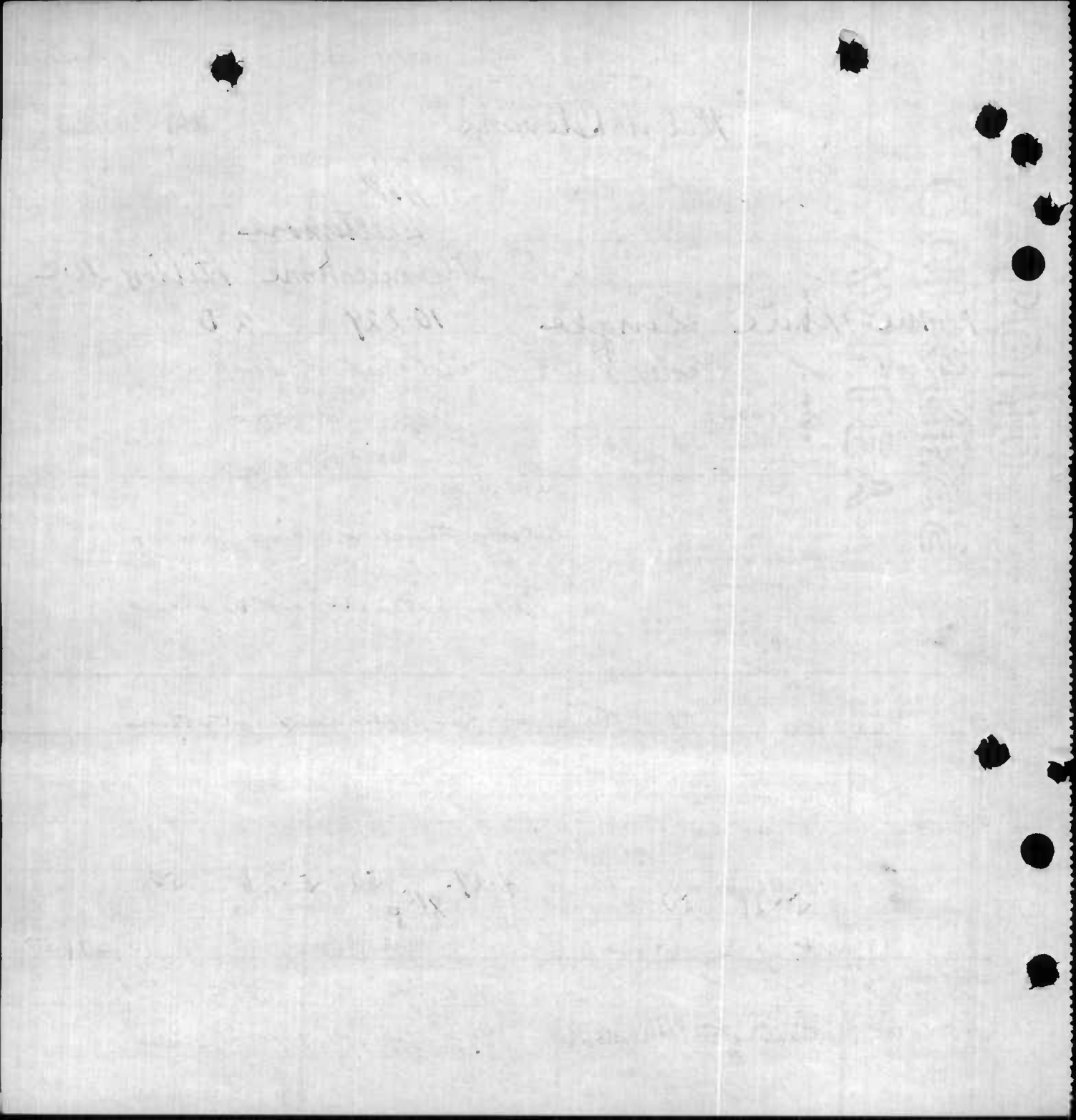
MAY 29 1950

*Huntington Williams, M.D.**Wm Cook Inc. 1217 St. Paul St.*

VS 150

7989V

92c



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 50 4797

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Floyd A. Donovan

2. DATE
OF
DEATH

May 27, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Maryland Gen Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 14-01

O. STREET ADDRESS (If rural, give location)

1918 Linden Ave

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (If years last birthday)

10 Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. E 970.2

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Phenobarbital poisoning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

1918 Linden Avenue

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

May 24, 1950 ? p.m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Ingestion of phenobarbital tablets

22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

Earl L. Royer

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED
28 May 50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

N-971.0

340V9

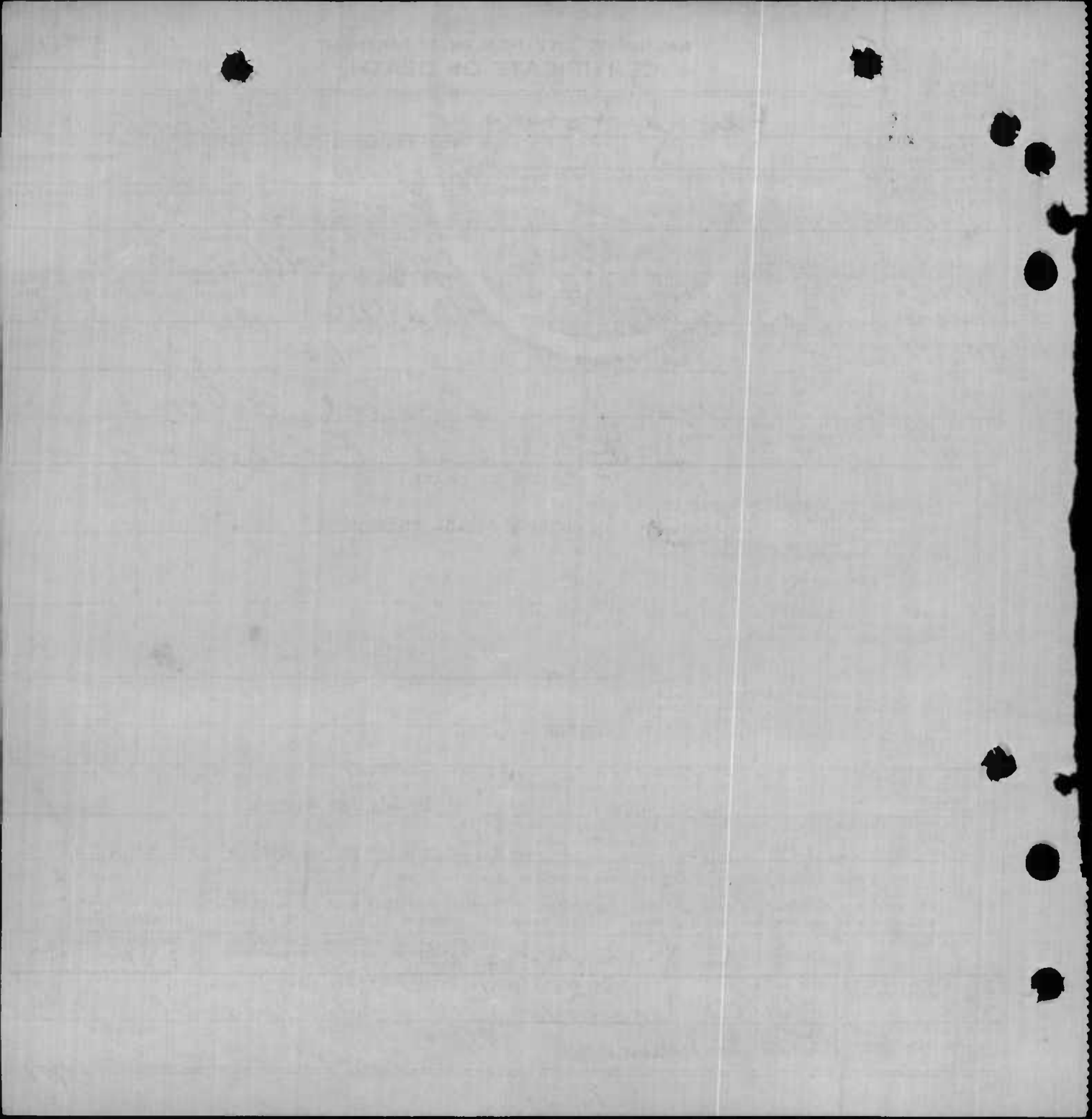
163B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATION

MEDICAL



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4798
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES GLASS

2. DATE
OF
DEATH

MAY 28, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

00 2330 REISTERSTOWN RD

Yrs.
Mos.
Days

c. Length of stay in Baltimore

LIFE

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

DEC. 15, 1892

9. AGE (In year-
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CHAUVEFFET

10B. KIND OF BUSINESS OR
INDUSTRY

CAB

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

LOUIS

14. MOTHER'S MAIDEN NAME

LEAH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

YES

WORLD WAR I

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MATTHEWS GLASS- 4993 DENMORE AVE

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/26/50 to 5/28, 1950 that I last saw the deceased alive on 5/28, 1950 and that death occurred at 2 PM, from the causes and on the date stated above.

23A. SIGNATURE

Daw Drucker

M. D.

23B. ADDRESS

Mr W. See

23C. DATE SIGNED

5/28/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

MAY 29, 1950

24C. NAME OF CEMETERY OR CREMATORY

ARLINGTON CEM.

24D. LOCATION (City, town, or county)

BALTO

(State)

MD

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 29 1950

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

Jack Lewis Inc.

ADDRESS

2100 Eutaw Place

VS 150

4205V

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Franklin
122 W Lee
10-11-
Au 3234

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4799

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Edward Bowen 837302

2. DATE OF DEATH MAY 27 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

JOHNS HOPKINS HOSPITAL

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W.

8. DATE OF BIRTH

10-26-91

9. AGE (In years last birthday)

5-8

H Under 1 Year Months Days

H Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Porter

10B. KIND OF BUSINESS OR INDUSTRY

Drug Store

13. FATHER'S NAME

Joseph Bowen

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

-Cl. 2nd

14. MOTHER'S MAIDEN NAME

Ella Waters

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMATION JOHNS HOPKINS HOSPITAL

ADDRESS

18. 151X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute pancreatitis

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

24 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma of stomach

DUE TO

5 mos.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

5/25/50

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of stomach

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-21-1950 to 5-27-1950, that I last saw the deceased alive on 5-27-1950, and that death occurred at 2:23 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Richard F. Kieffer, Jr. M. D.

23B. ADDRESS JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5/27/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-31-50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 29 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Frances A. Hemmley / W. B. Biddle

ADDRESS 518

Edward Bowen
M.D.
BIRMINGHAM
530 RYAN AVE
10-20-41 28

Letter passed to
Commissioner of Health

7/2/42, Commissioner of Health

Letter of 7/2/42
Letter of 7/2/42
Letter of 7/2/42

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4800

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary East

2. DATE
OF
DEATH

May 26, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital (DOR)

C. CITY OR TOWN

City

Baltimore - 9-07

D. STREET ADDRESS (If rural, give location)

1702 Abbottston St

C. Length of stay in Baltimore

1 life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Feb. 10th 18659. AGE (In years
last birthday)

85

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Baltimore City

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Chas. Needer

14. MOTHER'S MAIDEN NAME

Mary Freese

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Mrs. L. East

ADDRESS

#46 Route 2 Baltimore

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm. H. Kammer, Jr.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒

23C. DATE SIGNED

May 27, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/29/50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 29 1950

REGISTRAR'S SIGNATURE

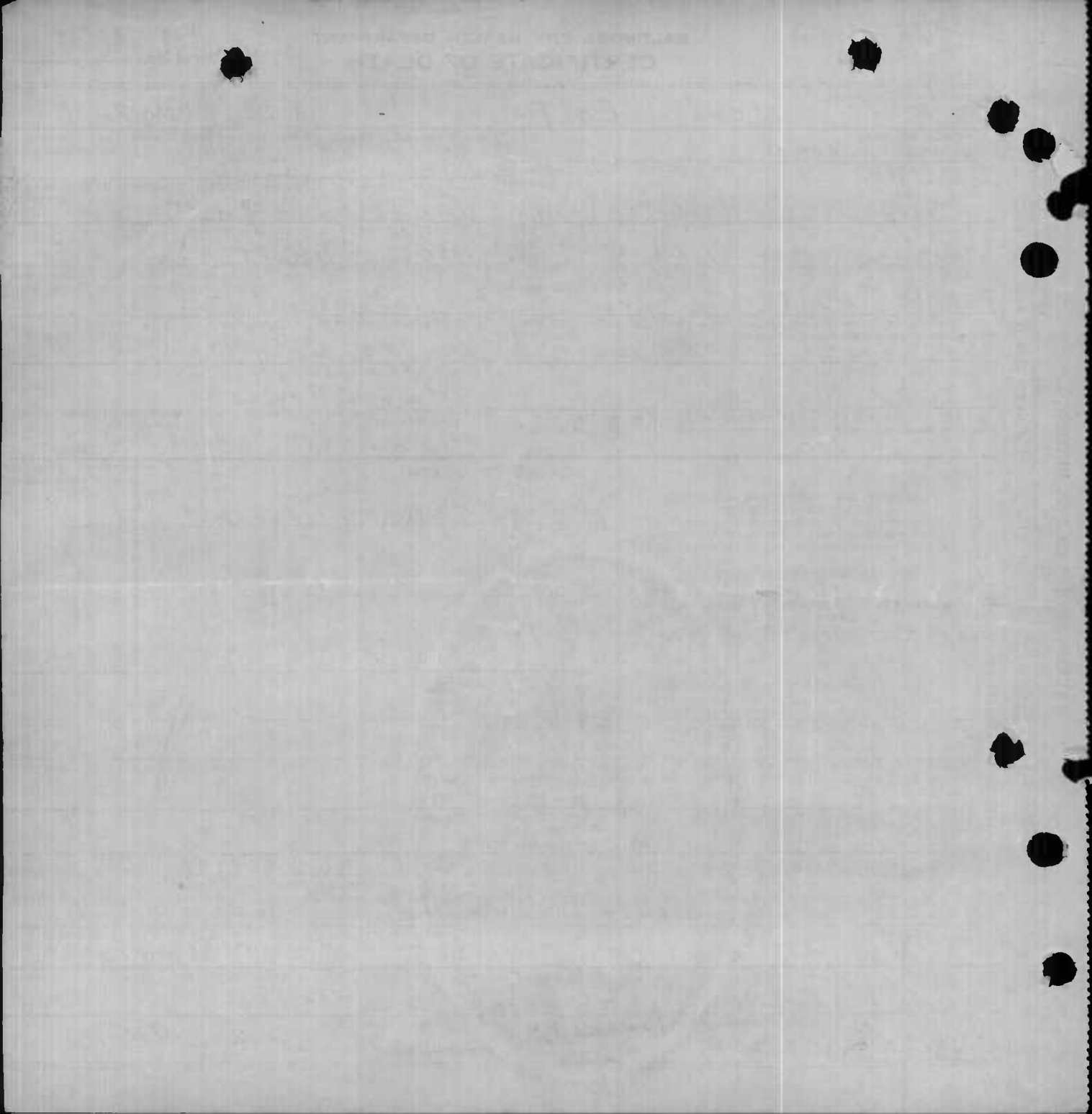
Wm. H. Kammer, Jr.

25. FUNERAL DIRECTOR

Tanshin Funeral Home

ADDRESS

7401 Belair Rd



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4801
Registered No.

BIRTH NO.

1. NAME OF DECEASED
Type or Print)

HARRY

KELLY

2. DATE
OF
DEATH

May 25, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

3-01

D. STREET ADDRESS (If rural, give location)

17 South Dallas Street

c. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1/28/1905

9. AGE (In years last birthday)

45

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Porter

10B. KIND OF BUSINESS OR INDUSTRY

Dept. Store

11. BIRTHPLACE (State or foreign country)

Philadelphia Pa.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Milton

Kelly

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Myrtle Kelly 17 S. Dallas St

18. 002X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Insp. & Ing. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R S Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐

23C. DATE SIGNED May 26, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/29/1950

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn A.A.Co. Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

Elroy O. Wilson 1000 Prantly

ADDRESS

VS 151

75063

136

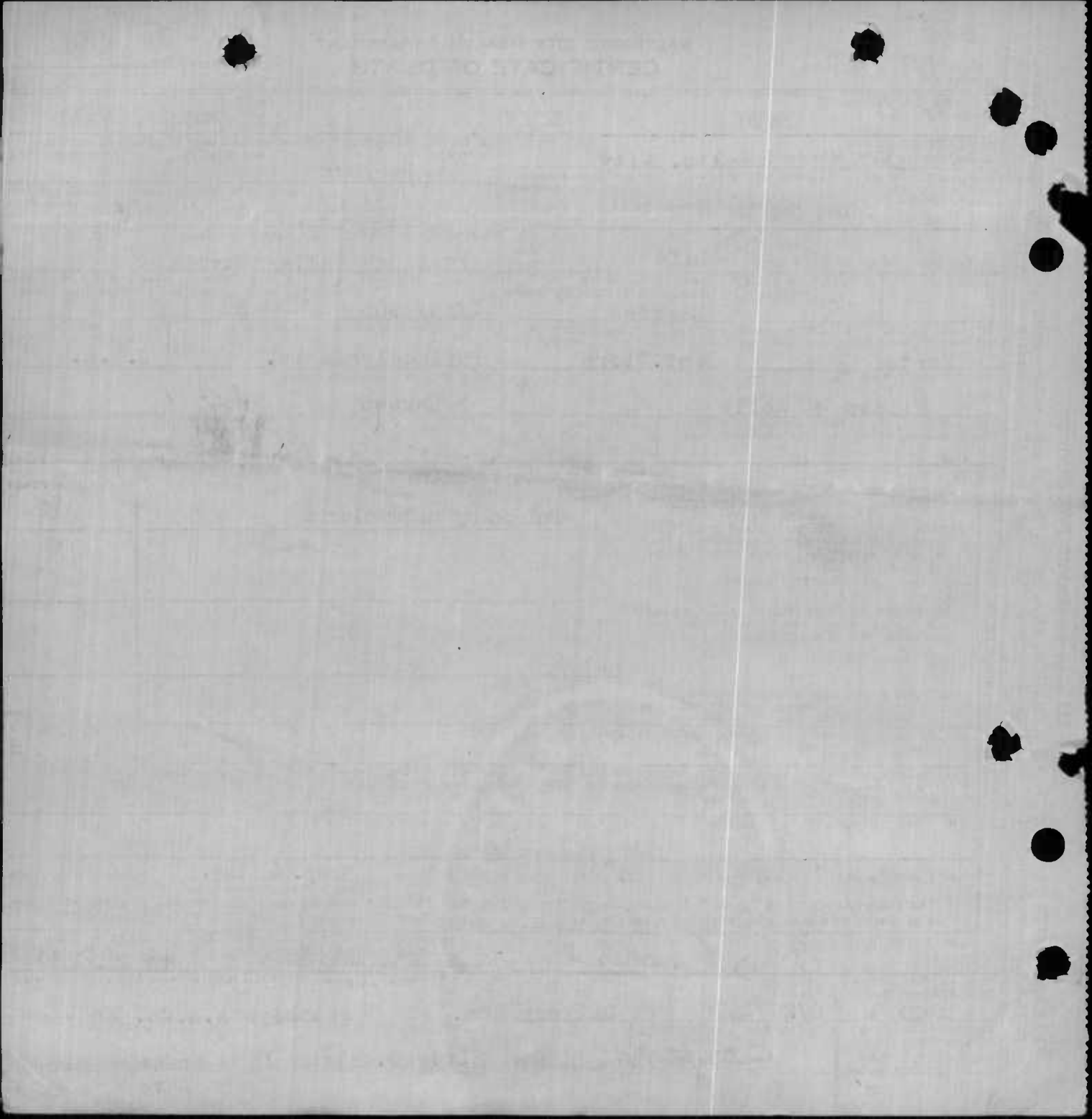
ave

✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **50 4802**

BIRTH NO.

1. NAME OF DECEASED
Type or Print)

VERNON

HILL

2. DATE
OF
DEATH

May 26, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Balto. City**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION **Johns Hopkins Hospital**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore **5-02**

c. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

216 East Street

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

4/2/1927

9. AGE (in years last birthday)

23

If Under 1 Year Months: Days
If Under 24 hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Canning House

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Preston Hill

14. MOTHER'S MAIDEN NAME

Laura Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Laura Hill 216 East St

18. **E981X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Bullet wounds of chest and spinal cord**

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Street near 28 N. Caroline Street

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
May 26, 1950 2:25 a.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, **homicide** ☒, undetermined ☐.

23A. SIGNATURE

Stanley H. Decker

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

5-26-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/31/1950

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn A.A.CO.MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAY 29 1950

Thurston Williams

25. FUNERAL DIRECTOR

ADDRESS

Elroy O. Wilson 1000 Brantly Ave

VS 151

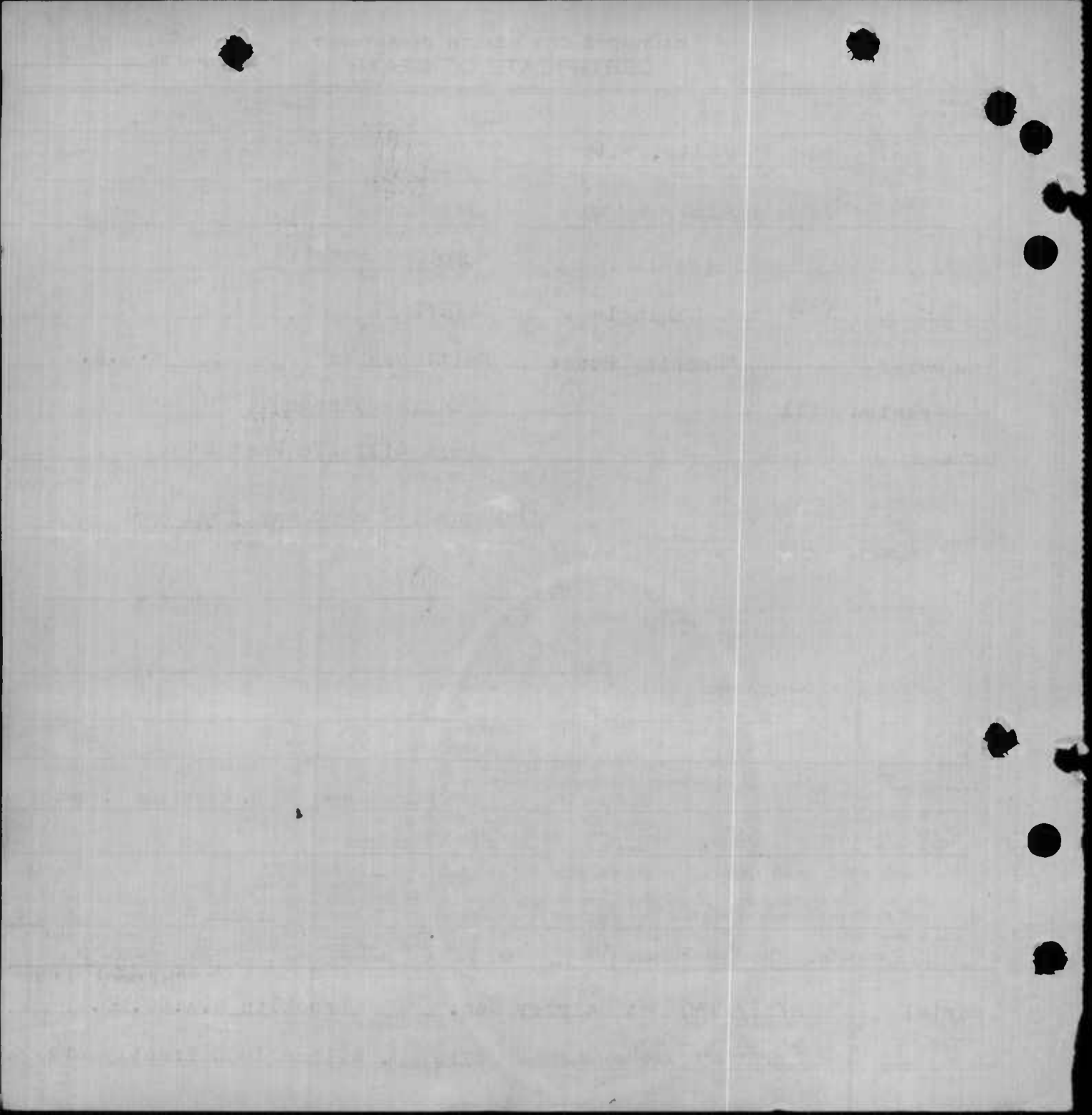
N-8624

988X5

166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4803

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ada Nelson

2. DATE
OF
DEATH

5-24-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Balto. City Hosp. 4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

7-05

D. STREET ADDRESS (If rural, give location)

809 Shuter Street - 5

C. Length of stay in Baltimore

4 yrs.

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 16, 1919

9. AGE (In years
last birthday)

31

H Under 1 Year
Months: DaysU Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

South Carolina

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John (Johnny) Berthe

14. MOTHER'S MAIDEN NAME

Susie Fringle

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. Records 4940 Eastern Avenue

18. 037X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Lymphogranuloma

DUE TO Venerum with Malignant Degeneration

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from 12-18, 1949, to 5-24, 1950, that I last saw the
deceased alive on 5-24, 1950, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Rogers

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

5-26-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/29/1950

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn A.A.Co.Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 29 1950

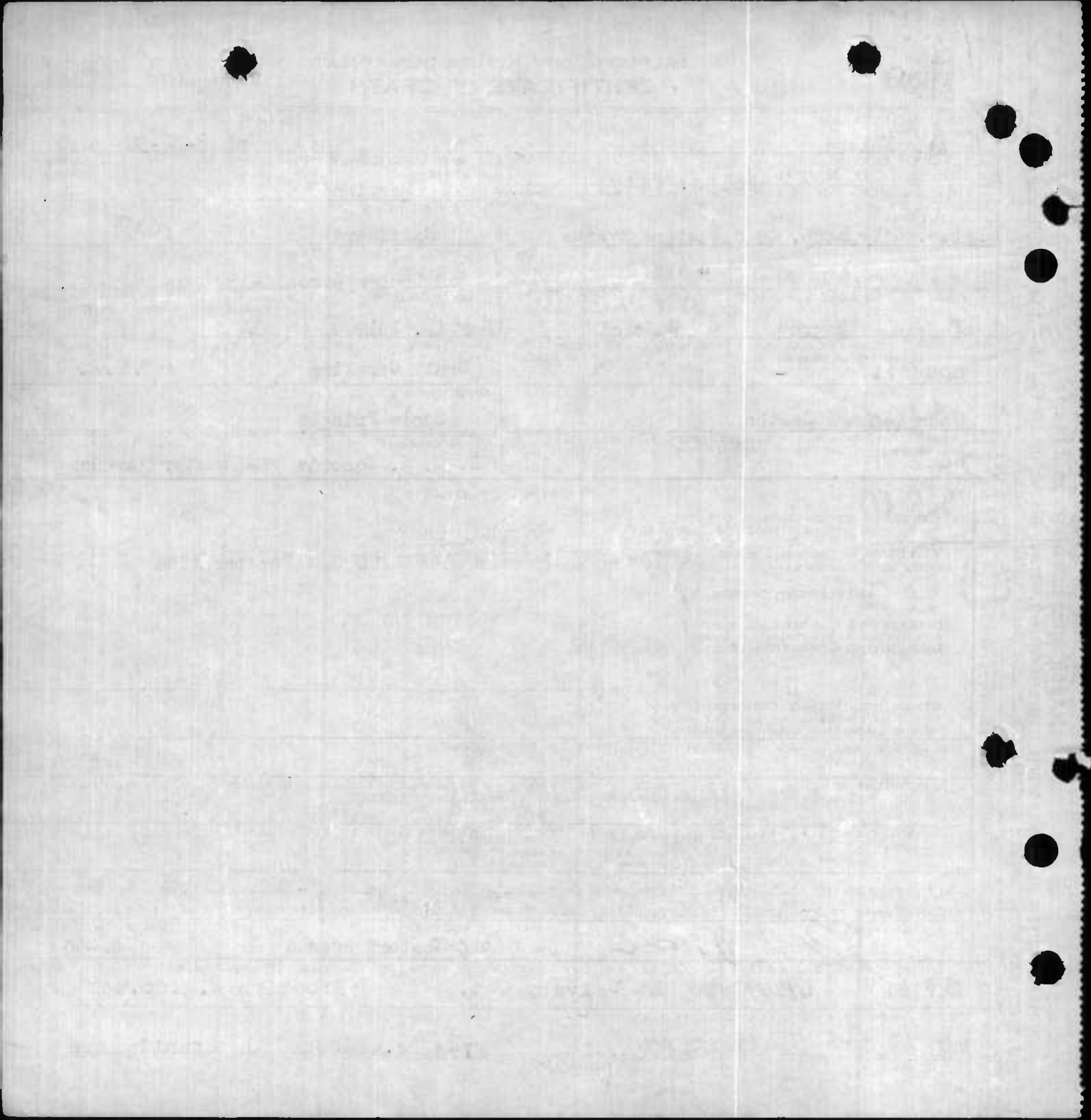
REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

ADDRESS

Elroy O. Wilson 1000 Brantly Ave



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4804
Registered No.

BIRTH NO. 525

1. NAME OF DECEASED
(Type or Print)

SADIE JOHNSON

2. DATE
OF
DEATH

MAY 28, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

BALT

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

UNION MEMORIAL HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALT.

9-06

c. Length of stay in Baltimore

YRS.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2012 EAST 30th St.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

July 7, 1890

9. AGE (In years
last birthday)

59

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

GEORGE M. JOHNSON

14. MOTHER'S MAIDEN NAME

MARY E. OWENS.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

LAURA H. JOHNSON (SISTER) SAME

18. 200.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATHRupture of spleen - spontaneous
Lymphosarcoma

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK22. I hereby certify that I attended the deceased from APRIL 7, 1950, to MAY 28, 1950, that I last saw the
deceased alive on MAY 28, 1950, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

5/31/50

London Park Cem

Baltimore

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 29 1950

Huntington Williams, M.D.

HENRY SANDER & SONS, INC.

BALTIMORE - 13, MD.

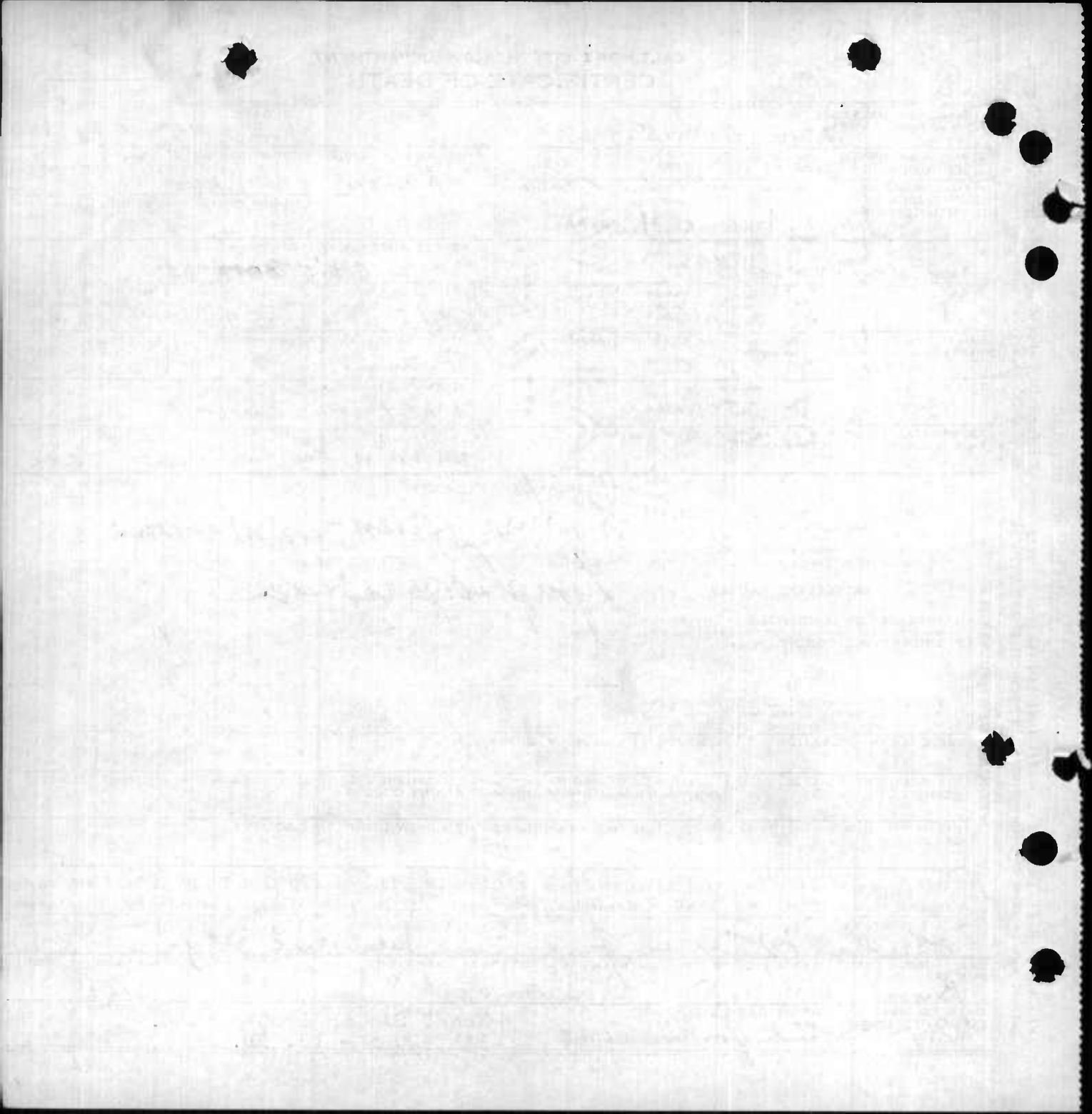
VS 150

Dee L. Hill

55E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4805

Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

ELIZABETH ANNA GUTSMUTH

2. DATE
OF
DEATH

May 25, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

227 S. Ellwood Avenue

C. CITY OR TOWN

Baltimore

O. STREET ADDRESS (If rural, give location)

227 S. Ellwood Avenue

C. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Feb. 6, 1862

9. AGE (in years, last birthday)

88

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

George Hutton

14. MOTHER'S MAIDEN NAME

Rebecca Ann Townsend

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

none

17. INFORMANT 227 S. Ellwood Ave. - 24
Henry Gutmuth

18.

450.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

ONE TO

Myocardial Failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

ONE TO

Senile Arteriosclerosis, Generalized

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

3 wks.

3 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1949, to May, 1950, that I last saw the deceased alive on May 24, 1950, and that death occurred at 4:35 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Clarence W. DeLoach

23B. ADDRESS

3023 Caston Ave.

23C. DATE SIGNED

5/25/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

5/29/50

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Baltimore, Md.

OATE RECEIVED BY LOCAL REGISTRAR

MAY 29 1950

REGISTRAR'S SIGNATURE

Clarence W. DeLoach

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.
BALTIMORE - 13, MD.

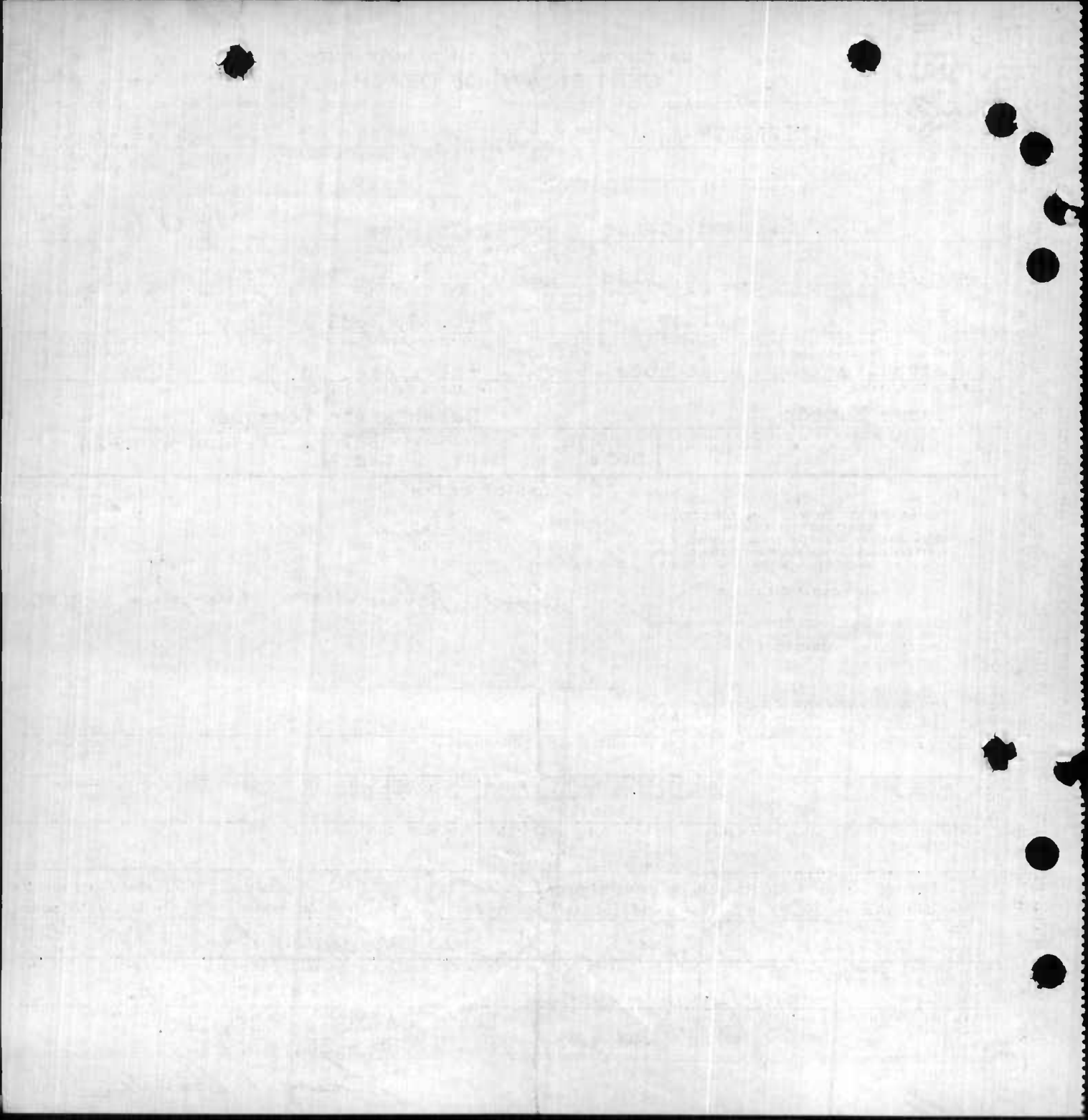
ADDRESS

Henry F. Sander 97

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50-4806

BIRTH NO. 50-10396

1. NAME OF DECEASED
(Type or Print)

WILLIAM LESLIE GREEN

2. DATE
OF
DEATH

5-26-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

48 MARYLAND GENERAL HOSP

C. Length of stay in Baltimore

2

Yr.
Mo.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

5-24-50

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days

2

11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?
U.S.

13. FATHER'S NAME

RICHARD LESLIE GREEN

14. MOTHER'S MAIDEN NAME

MARGARET ANNA SHANAHAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

MOTHER

ADDRESS

Same.

18.

769.5
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

PREMATURITY

INTERVAL BETWEEN
ONSET AND DEATH

2 DAYS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

TOXEMIA OF PREGNANCY
(MOTHER)

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-24-50, 1950, to 5-26-50, 1950, that I last saw the
deceased live on 5-26-1950 and that death occurred at 10:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Ken

M. D.

23B. ADDRESS

Maryland General Hosp.

23C. DATE SIGNED

5-27-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5-29-50

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

City

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Hendricks & Son - 159

Greenmount Ave 22nd

20-10-1917
Dear Sir,
I have the honor to acknowledge the receipt of your letter of the 14th inst. in relation to the above matter.
The same has been forwarded to the proper authorities for their consideration.
Very respectfully,
J. H. [Signature]
[Title]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 50 4807

u. 4518

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO. 50 4807

NAME OF DECEASED
(Type or Print)

George W. Robinson

2. DATE
OF
DEATH

5-26-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1411 Born Ct.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Balto. md.

B. COUNTY

19-02

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

1411 Born Ct.

c. Length of stay in Baltimore

58 yrs.

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

C.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

1891

9. AGE (in years, last birthday)

58 yrs.

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

laborer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles Robinson

14. MOTHER'S MAIDEN NAME

Lettie Wright

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Grace R. Robinson

ADDRESS

18. 490X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Bilateral lobar pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

malnutrition

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

One week

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 5-25 1950 to 5-26 1950, that I last saw the deceased alive on 5-25 1950, and that death occurred at 7:30 m., from the causes and on the date stated above.

23A. SIGNATURE

W. T. Wilson

M. D.

23B. ADDRESS

1612 Edmondson Ave

23C. DATE SIGNED

5-27-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/29/50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn, Cem.

24D. LOCATION (City, town, or county)

Westport Balto. md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 29 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

927' Market St. Metropolitan Funeral Home Inc.

VS 150

98899

108

MEDICAL CERTIFICATION

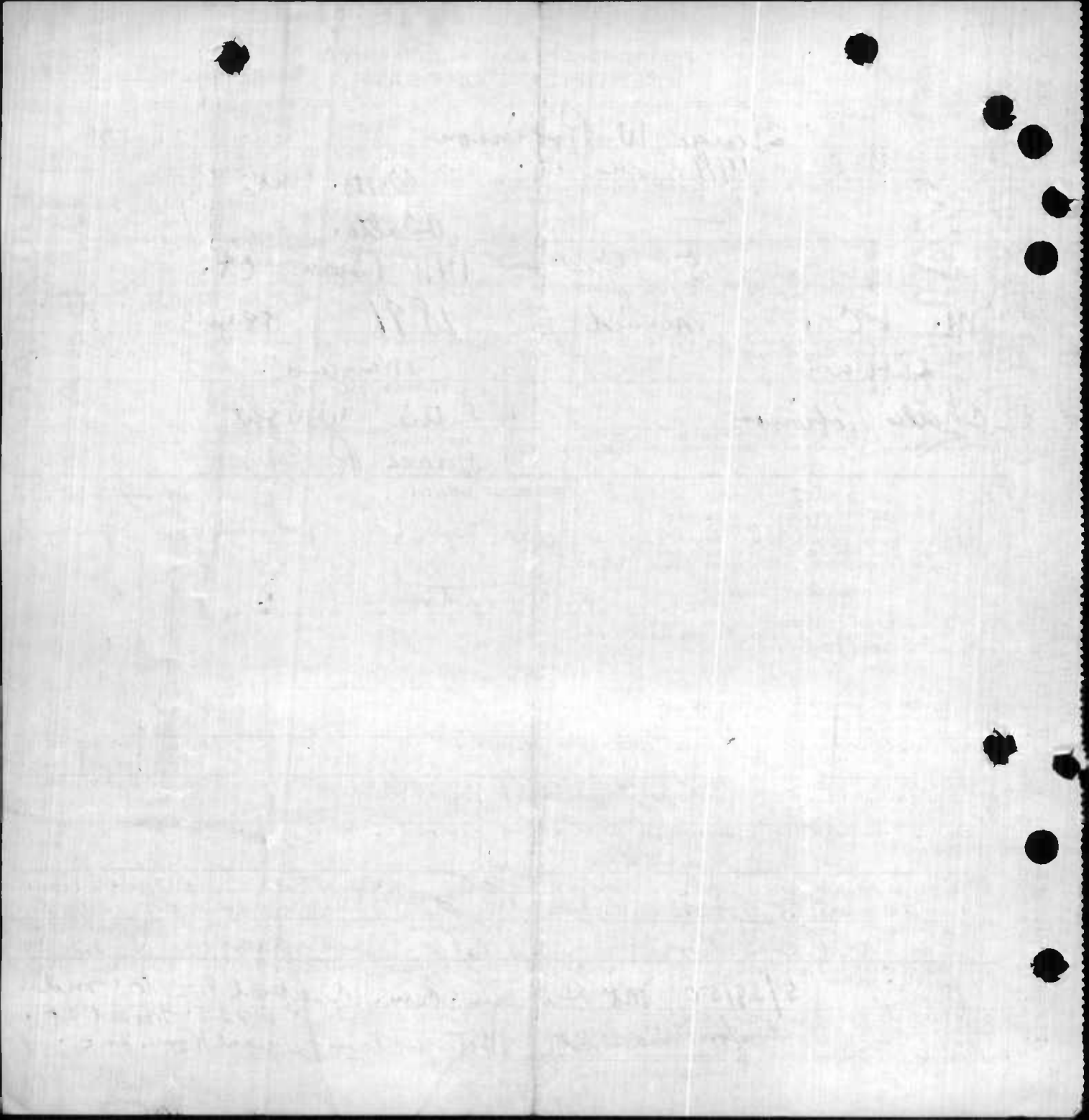
MARGIN RESERVED FOR BINDING

The

50

4807

152



The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

V-521
50 4808

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4808
Registered No.

BIRTH NO.		NAME OF DECEASED (Type or Print) BERTIE IRENE VANSKIVER		2. DATE OF DEATH 5/27/50	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2257 SIANEY AVE		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 08		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO 25-03A			
c. Length of stay in Baltimore 55 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2257 SIANEY AVE (sidney)			
5. SEX F	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH AUG 10, 1889	9. AGE (In years, last birthday) 60 9 Months Days
10A. USUAL OCCUPATION (Give kind of work done at home if not usual occupation) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) HOWARD COUNTY	
13. FATHER'S NAME WM THOMPSON		14. MOTHER'S MAIDEN NAME NOT KNOWN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS W. VANSKIVER 2257 SIANEY AVE	
18. 4222 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) myocarditis DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 5 years	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. diabetes (mild) DUE TO		(B) Broncho-Pneumonia DUE TO		2 yrs.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)		5 days.	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 15, 1945 to May 27, 1950 that I last saw the deceased alive on May 26, 1950 and that death occurred at 7:05 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE H. H. Kates		23B. ADDRESS 577 Scott St.		23C. DATE SIGNED May 29/50.	
24A. SOCIAL, CREMATION, REMOVAL (Specify) B.		24B. DATE 5/30/50		24C. NAME OF CEMETERY OR CREMATORY LOUDON PARK	
24D. LOCATION (City, town, or county) (State) FREDERICK AVE		25. FUNERAL DIRECTOR Geo H. Lennbach 125 N. EYNARD ST			
DATE RECEIVED BY LOCAL REGISTRAR MAY 29 1950		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		VS 150	

Wm Thompson
Housewife
F. W.
HARRISON, PA 15111
2427 HANLEY AVE
MIL
2/1/70

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **50 4809**

BIRTH NO. **50 4809**

1. NAME OF DECEASED (Type or Print) Virginia Smith			2. DATE OF DEATH May 28, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY md		
B. FULL NAME OF HOSPITAL OR INSTITUTION 531 Cumberland St			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 14-03		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 531 Cumberland St		
5. SEX 7	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH July 12, 1899		9. AGE (In years, last birthday) 50
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) md		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Alberta Smith Fowler 531 Cumberland St		

18. 430.0	CAUSE OF DEATH Bacterial	INTERVAL BETWEEN ONSET AND DEATH Several weeks
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Sub-Acute Endocarditis	
ANTECEDENT CAUSES	(B) Local infection	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) Hypertension	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

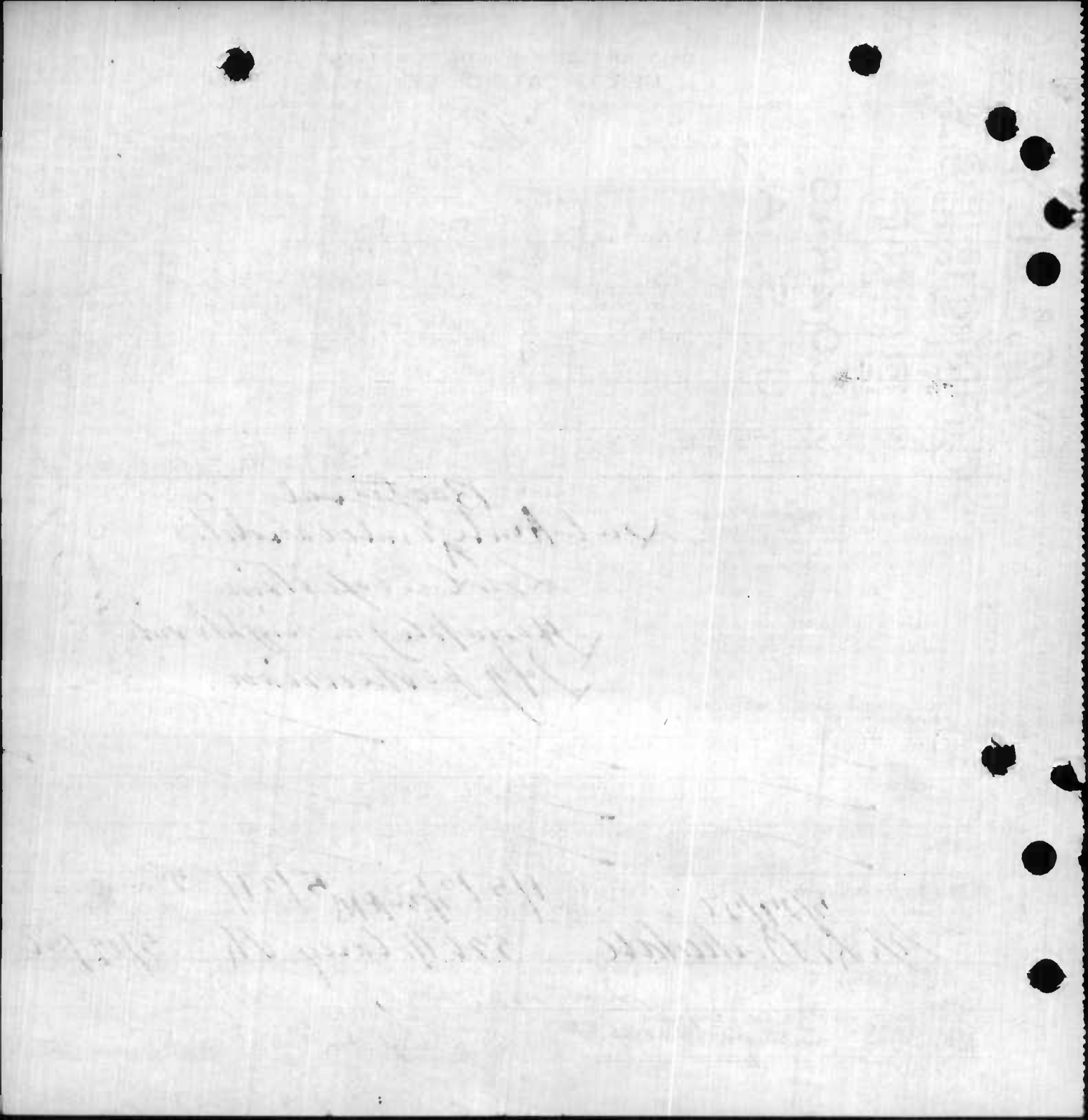
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 5/5/50 to 5/27/50 , that I last saw the deceased alive on 5/27/50 , and that death occurred at 430.0 from the causes and on the date stated above.		
22A. SIGNATURE W. L. Baskerville	22B. ADDRESS 526 N. Carey St	22C. DATE SIGNED 5/29/50
24A. BURIAL, CREMATION, REMOVAL (Specify) Buried	24B. DATE 5-29-50	24C. NAME OF CEMETERY OR CREMATORY Calvert Co. md
24D. LOCATION (City, town, or county) (State) md	25. FUNERAL DIRECTOR ADDRESS Geo L. Nelson 1303 Presstman St	
DATE RECEIVED BY LOCAL REGISTRAR MAY 29 1950		REGISTRAR'S SIGNATURE Wm. Williams

VS 150

91a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4810

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mr. Walter J. Locke

2. DATE
OF
DEATH

5-27-50.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

34

Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto.

16-06

D. STREET ADDRESS (If rural, give location)

944 Poplar Grove St. Balto. 16.

c. Length of stay in Baltimore

5. SEX
M

6. COLOR OR RACE
W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
M

8. DATE OF BIRTH
12-4-97

9. AGE (In years last birthday)
52

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

clerk

10B. KIND OF BUSINESS OR INDUSTRY
Supervisor of Elections

11. BIRTHPLACE (State or foreign country)

Balto — MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Walter J. Locke

14. MOTHER'S MAIDEN NAME

Sarah Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

yes

WWI

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Walter J. Locke 944 Poplar Grove St.

18. *420.0*

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A) *Acute Cardiac Failure*

DUPLICATE

(B) *Arteriosclerotic Heart Disease*

DUPLICATE

(C) *with Coronary Insufficiency.*

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5-26-*, 1950, to *5-27-*, 1950, that I last saw the deceased alive on *5-27-*, 1950, and that death occurred at *4.10 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

C. J. Castiglano

M. O.

23B. ADDRESS

Bon Secours Hosp.

23C. DATE SIGNED

5-27-50.

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5.30.50

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 29 1950

REGISTRAR'S SIGNATURE

Wm. J. Williams, Jr.

25. FUNERAL DIRECTOR

J. Howard Strong

ADDRESS

3207 W. North Ave.

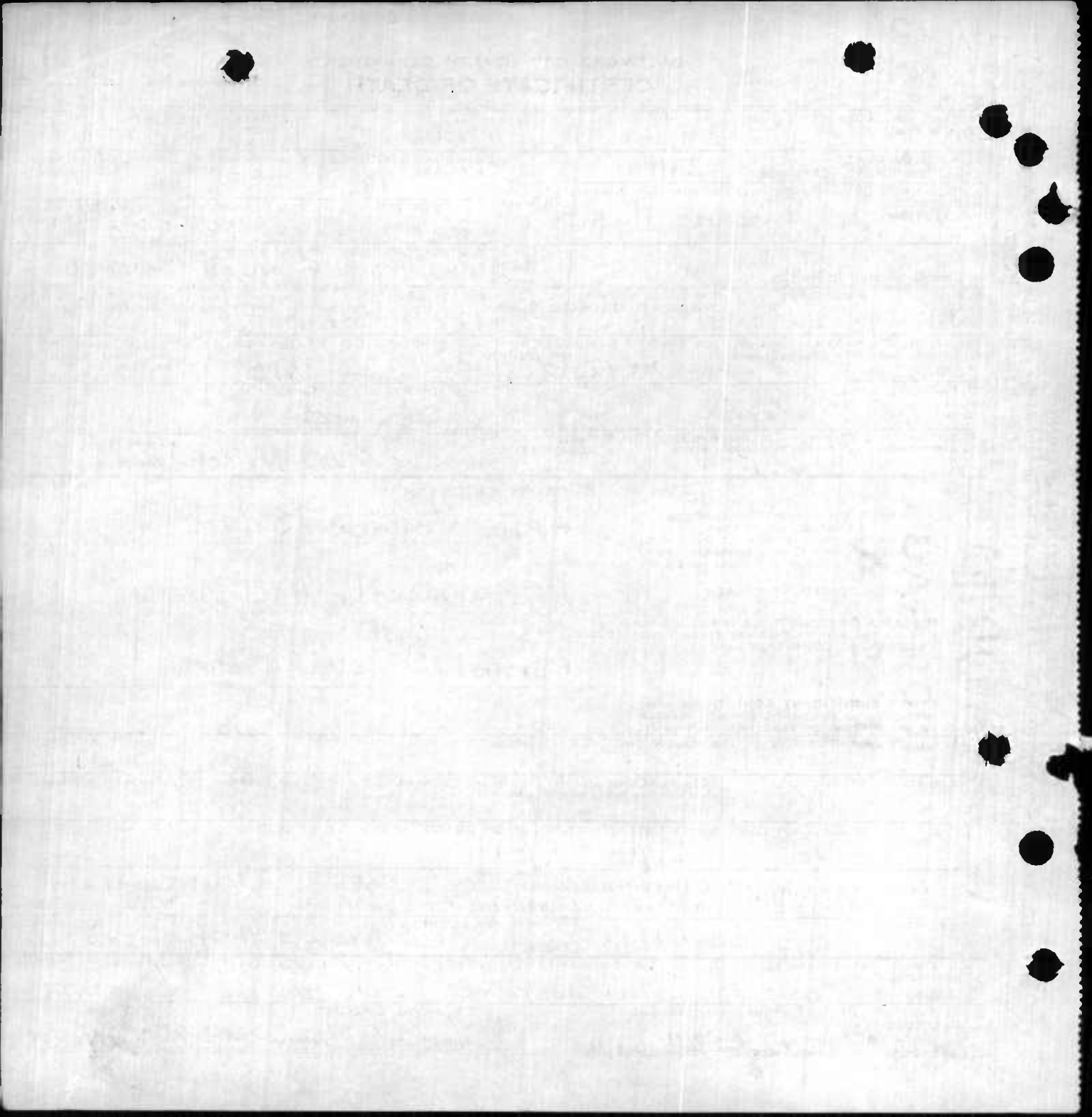
VS 150

116 98

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4811

Registered No.

BIRTH NO. 50-10859

1. NAME OF DECEASED
(Type or Print)

Baby KAISER

2. DATE
OF
DEATH

5-27-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. AGNES Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

4215 Connecticut Ave

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

5/27/50

9. AGE (In years last birthday)

If Under 1 Year Months Days If Under 24 Hours Hours Min.

7

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Clement A. Kaiser

14. MOTHER'S MAIDEN NAME

Mary Jane Schenk

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Clement A. Kaiser 4215 Connecticut Ave.

18. **761.5**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Immaturity**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Premature Separation of placenta**

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE OLD INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-27, 1950** to **5-27, 1950**, that I last saw the deceased alive on **5-27, 1950** and that death occurred at **7h** m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph S. Ardweg

23B. ADDRESS

St. Agnes Hosp.

23C. DATE SIGNED

5-27-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-29-1950

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

Brooklyn A.A.C.

(State)

MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams

25. FUNERAL DIRECTOR

ADDRESS

Howard Strong 3207 W. North Ave

MAY 29 1950

VS 150

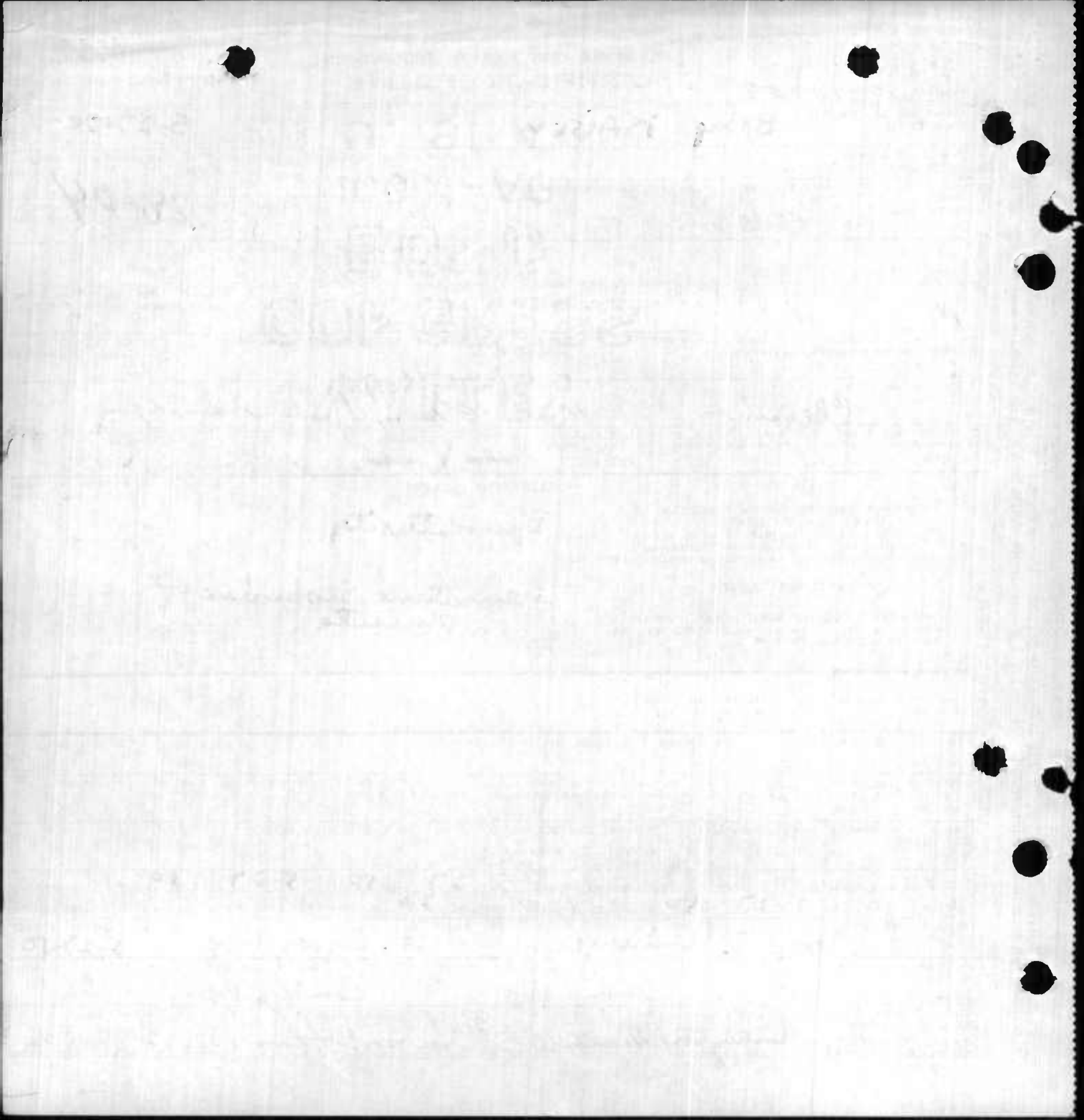
160 c

MARGIN RESERVED FOR BINDING

CERTIFICATION

MEDICAL

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4812
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES PAUL FLEISCHER

2. DATE
OF
DEATH

May 26, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2303 Garrison Blvd

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Garrison Nursing Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2017 W. North Ave.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

June 24, 1872

9. AGE (In years
last birthday)

77

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Lawyer

10B. KIND OF BUSINESS OR
INDUSTRY

Law Professional

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles Fleischer

14. MOTHER'S MAIDEN NAME

Bertha ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
No16. SOCIAL
SECURITY NO.
217-09-544617. INFORMANT Rehoboth Beach Del
Mrs. H. W. Engelhardt 5 Balto. Ave.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Chr. Myocarditis

INTERVAL BETWEEN
ONSET AND DEATH

1948

ANTECEDENT CAUSES

(B)

DUE TO

Chr. Parenchymatous Nephritis

1948

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1950, to May 26, 1950, that I last saw the
deceased alive on May 26, 1950, and that death occurred at 2 P. m., from the causes and on the date stated above.

23A. SIGNATURE

James Brown

M. D.

23B. ADDRESS

1663 W. North E.

23C. DATE SIGNED

2-27-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-29-50

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 29 1950

REGISTRAR'S SIGNATURE

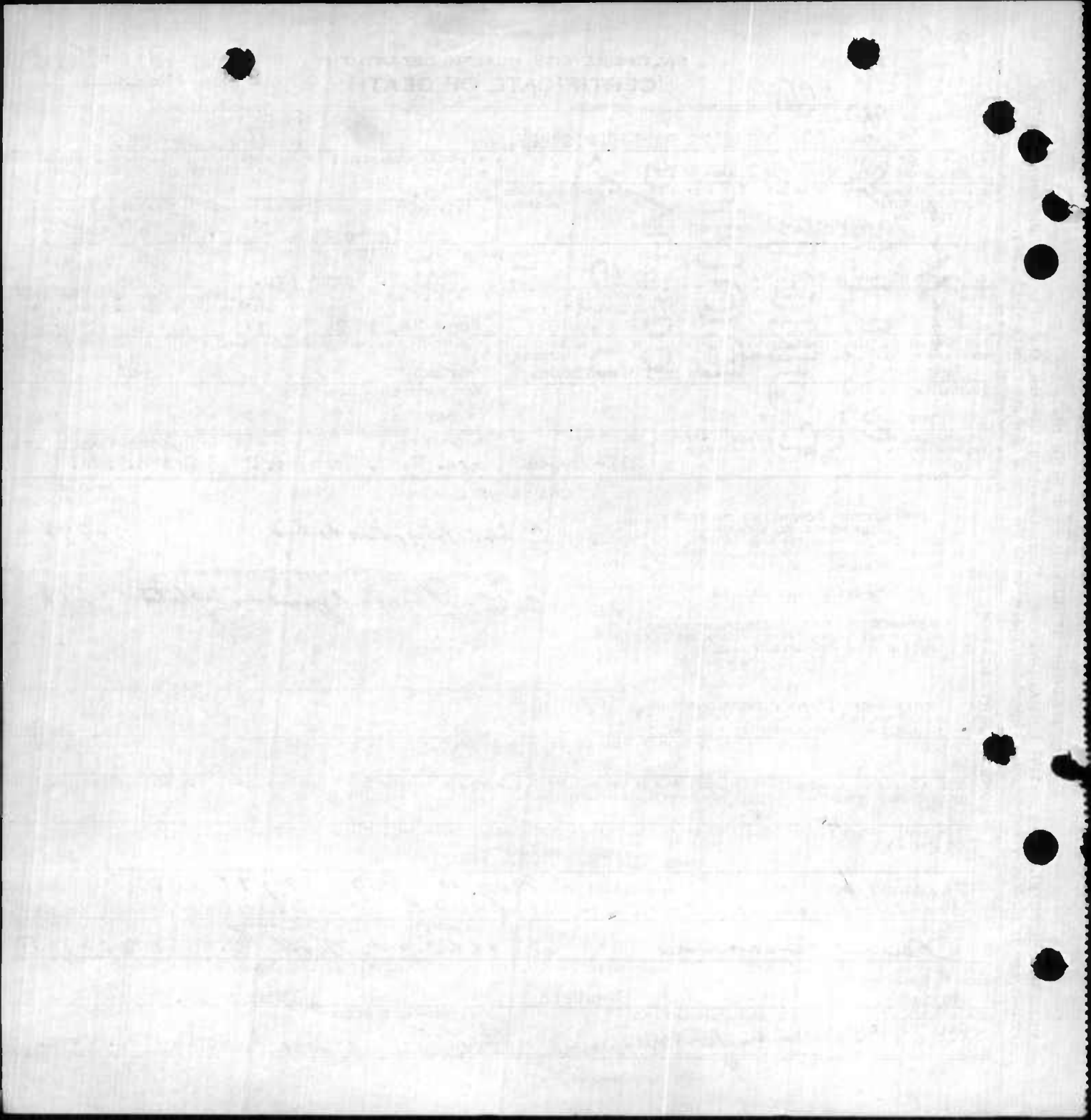
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Ischard & Sons Inc.

ADDRESS

North & Pa. Aves.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4813

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

JOHN HARRY BADER

2. DATE
OF DEATH

MAY 27, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

UMON MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **MD.**

COUNTY **Balt.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balt.

27-09

D. STREET ADDRESS (If rural, give location)

4401 Marble Hall Rd.

c. Length of stay in Baltimore

45

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Apr 28, 1983

9. AGE (In years last birthday)

66

10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retiree - auditor

10B. KIND OF BUSINESS OR INDUSTRY

Insurance

11. BIRTHPLACE (State or foreign country)

Balt. Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John Henry Bader

14. MOTHER'S MAIDEN NAME

Elizabeth W. Wildner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

UNK

16. SOCIAL SECURITY NO.

17. INFORMANT

WIFE

ADDRESS

SAME

18. **162X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

**Carcinoma lung
c metastasis to liver
abdominal & metastatic
nodes.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

Bronchitis

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **MAY 17, 1950**, to **MAY 27, 1950**, that I last saw the deceased alive on **MAY 27, 1950**, and that death occurred at **3:45 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

5/30/50

Lorraine

Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 29 1950

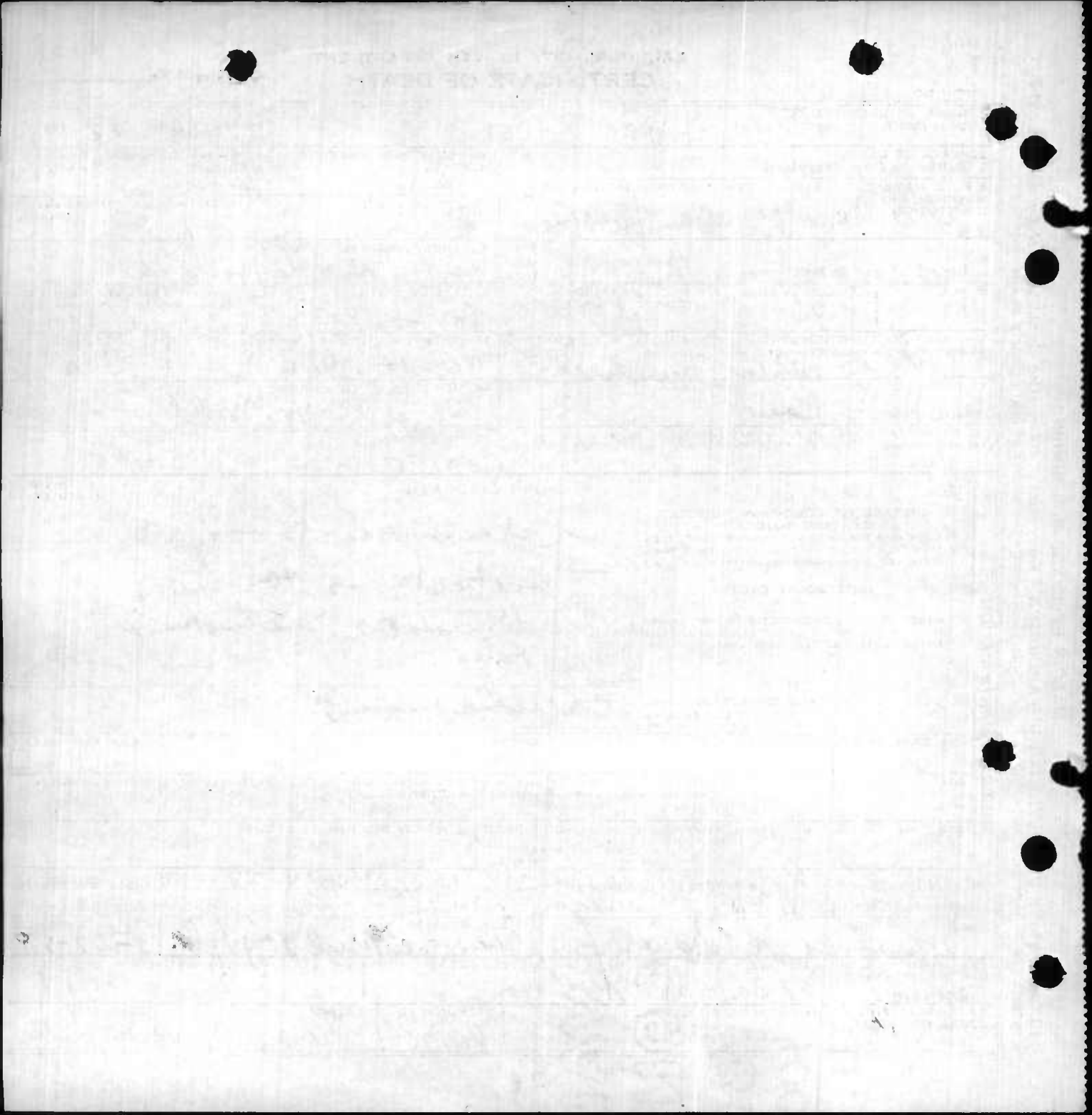
Timothy W. Williams

Dr. J. S. Pickens & Sons

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4814
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

BERTHA K. WENGER

2. DATE
OF
DEATH

May 27, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2700 Winchester Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify)

8. DATE OF BIRTH

9. AGE (In years, last birthday)

H Under 1 Year
Months: Days

H Under 24 Hours
Hours: Min.

F

W

Married

Nov. 1, 1895

54

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Housewife

Home

Baltimore, Maryland

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Gustav L. Kretzschmar

Ida Rehbein

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

No

None

Mr. John F. Wenger 2700 Winchester Street

18.

170 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Con gestive Heart Failure

10 days

ANTECEDENT CAUSES

DISEASES OR CONOITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Metastatic Carcinoma of Lung

2 months

(C)

Carcinoma of Breast Right

18 months

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from February, 1949 to May 27, 1950 that I last saw the deceased alive on May 27, 1950 and that death occurred at 2:00 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

5-30-50

Loudon Park Cemetery

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 29 1950

Wilmington Williams, Md

Wm. J. Pickner & Sons

North & Pennsylvania Avenues - Baltimore, Maryland

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MARY VIRGINIA WEALEY

2. DATE
OF
DEATH

5-28-1960

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Maryland* B. COUNTY *Baltimore*

B. FULL NAME OF HOSPITAL OR INSTITUTION

ST. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
4. Cromarty Road 5300

C. Length of stay in Baltimore *life*

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Nov. 26, 1881

9. AGE (In years last birthday)

68

10. Under 1 Year Months Days
11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
Nelson S. Spurrier

14. MOTHER'S MAIDEN NAME
Pauline Weigle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
none

17. INFORMANT

Mr. James O. Whaley

ADDRESS

4 Cromarty Rd.

18. *230X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebral anoxia*
DUE TO *massive sub-arachnoid hemorrhage*
(B) _____
DUE TO _____
(C) _____

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5/26*, 19*60*, to *5/27*, 19*60*, that I last saw the deceased alive on *5/27*, 19*60*, and that death occurred at *11:00* p. m., from the causes and on the date stated above.

23A. SIGNATURE

Walter J. Berne

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

5/27/60

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

5/31/60

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 29 1960

REGISTRAR'S SIGNATURE

Wilmington Williams

25. FUNERAL DIRECTOR

Wm. J. Sicker + Sons - Balto

ADDRESS

83a Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CONFIDENTIAL

4-2-1971

[Faint, illegible handwritten text covering the majority of the page]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4816
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Beehler

2. DATE
OF
DEATH

May 26/1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

JOHNS HOPKINS HOSPITAL

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

6-5-1900

9. AGE (in years
last birthday)

49

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Dish clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Hotel Chittamant

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wm. J. Beehler

14. MOTHER'S MAIDEN NAME

Lida E. Ewell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or date of service)

16. SOCIAL
SECURITY NO.

220-20-2695

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Chronic glomerulo nephritis → Sys.
E. uremia → 16 days

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Laennec's cirrhosis of liver

10 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/16 to 5/26, 1950, that I last saw the
deceased alive on 5/26, 1950, and that death occurred at 2:01 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Edyell H. Schenck, M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5/26/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 29/50

24C. NAME OF CEMETERY OR CREMATORY

Mount Vernon Pk

24D. LOCATION (City, town, or county)

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Christina Williams, M.D.

25. FUNERAL DIRECTOR

Philip Henry Jones

ADDRESS

8829 E. Pratt St

MAY 29 1950

VS 150

26687

124a

10/10/12
10/10/12

10/10/12

10/10/12

10/10/12

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4817

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALGERNON PRESTWIDGE SR.

2. DATE
OF DEATH

May 27, 1950

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

00

541 M^e Necken St.Yrs.
Mos.
Days

c. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 14-02

D. STREET ADDRESS (If rural, give location)

541 M^e Necken St.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Dec. 1, 1882

9. AGE (In years last birthday)

67

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

Contractor

11. BIRTHPLACE (State or foreign country)

Jamaica, B. I.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Charles Prestwidge

14. MOTHER'S MAIDEN NAME

Gertrude ? ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL SECURITY NO.
218-14-1784

17. INFORMANT

ADDRESS 1518

Mr. Algernon Prestwidge Jr. Palaski St.

18.

177X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Carcinoma of Prostate

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

1 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Carcinoma metastases
to Stomach

DUE TO

3 mo.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1949 to May 27, 1950, that I last saw the deceased alive on May 27, 1950, and that death occurred at 2:04 a. m., from the causes and on the date stated above.

23a. SIGNATURE

Dr. Arthur H. Williams

M. D.

23b. ADDRESS

1543 Remond St.

23c. DATE SIGNED

5/27/50

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

May 29 1950

24c. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Pk.

24d. LOCATION (City, town, or county)

Baltimore A. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Arthur H. Williams, M.D.

25. FUNERAL DIRECTOR

Halland Funeral Home

(ADDRESS)

1631 Druid Hill Ave.

MAY 29 1950

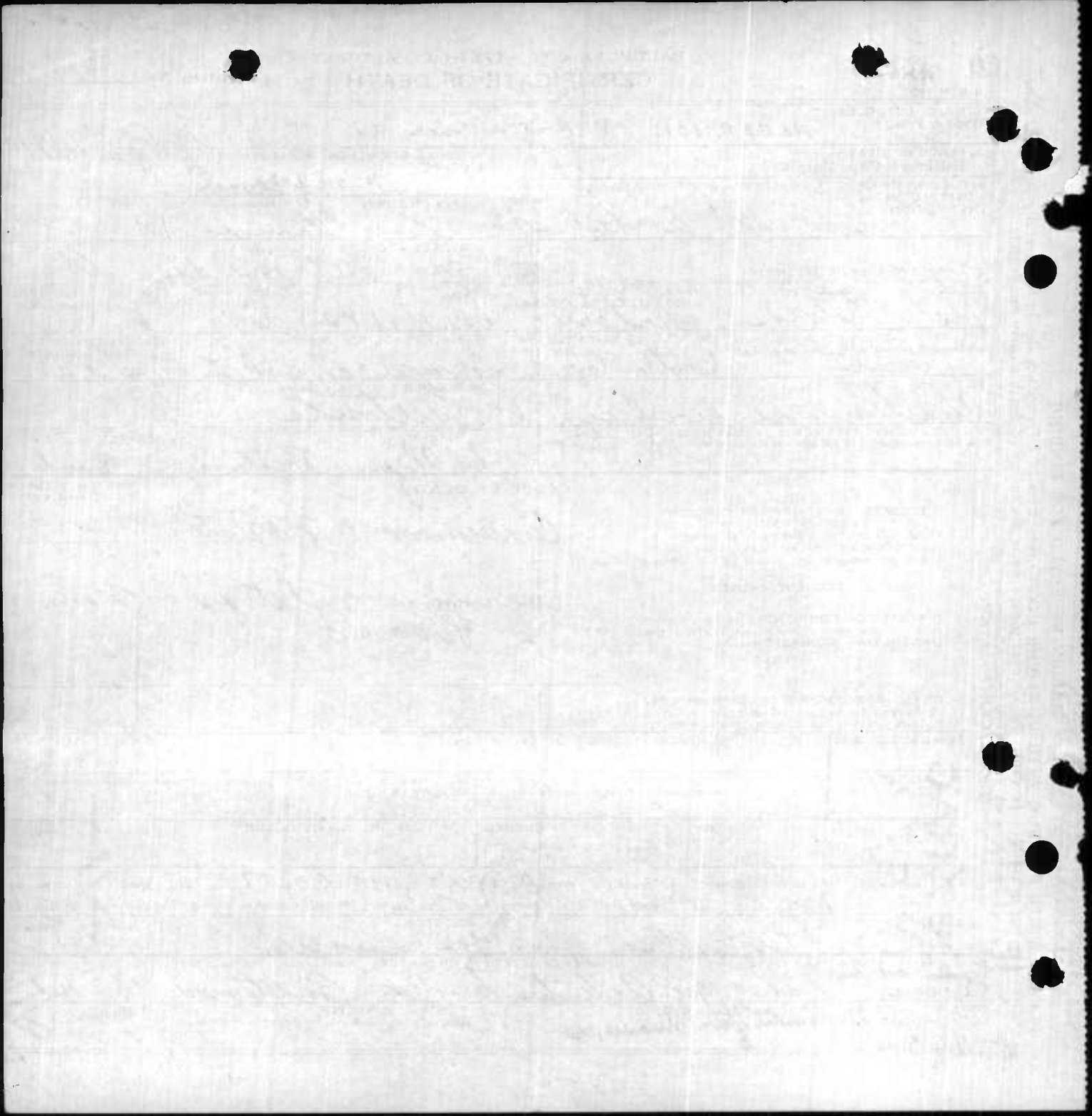
VS 150

308 V9

51B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PRINTED, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4818

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY E. HICKS

2. DATE
OF
DEATH

May 25, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 16-03

1620 Edmondson Ave.

c. Length of stay in Baltimore 71 yrs. 7 mos. 11 days

O. STREET ADDRESS (If rural, give location)
1620 Edmondson Ave.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 8, 1879

9. AGE (In years last birthday)

71

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Samuel Hicks

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Cecelia Hicks Edmondson Ave.

ADDRESS 1620

18. 416 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rheumatic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

Years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

OU E TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.

(C)

OU E TO

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1950, to May 25, 1950, that I last saw the deceased alive on May 25, 1950, and that death occurred at 4:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

5/27/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

May 29, 1950

Arbutus Mem. Park

Baltimore A. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 29 1950

Christington Williams, Jr.

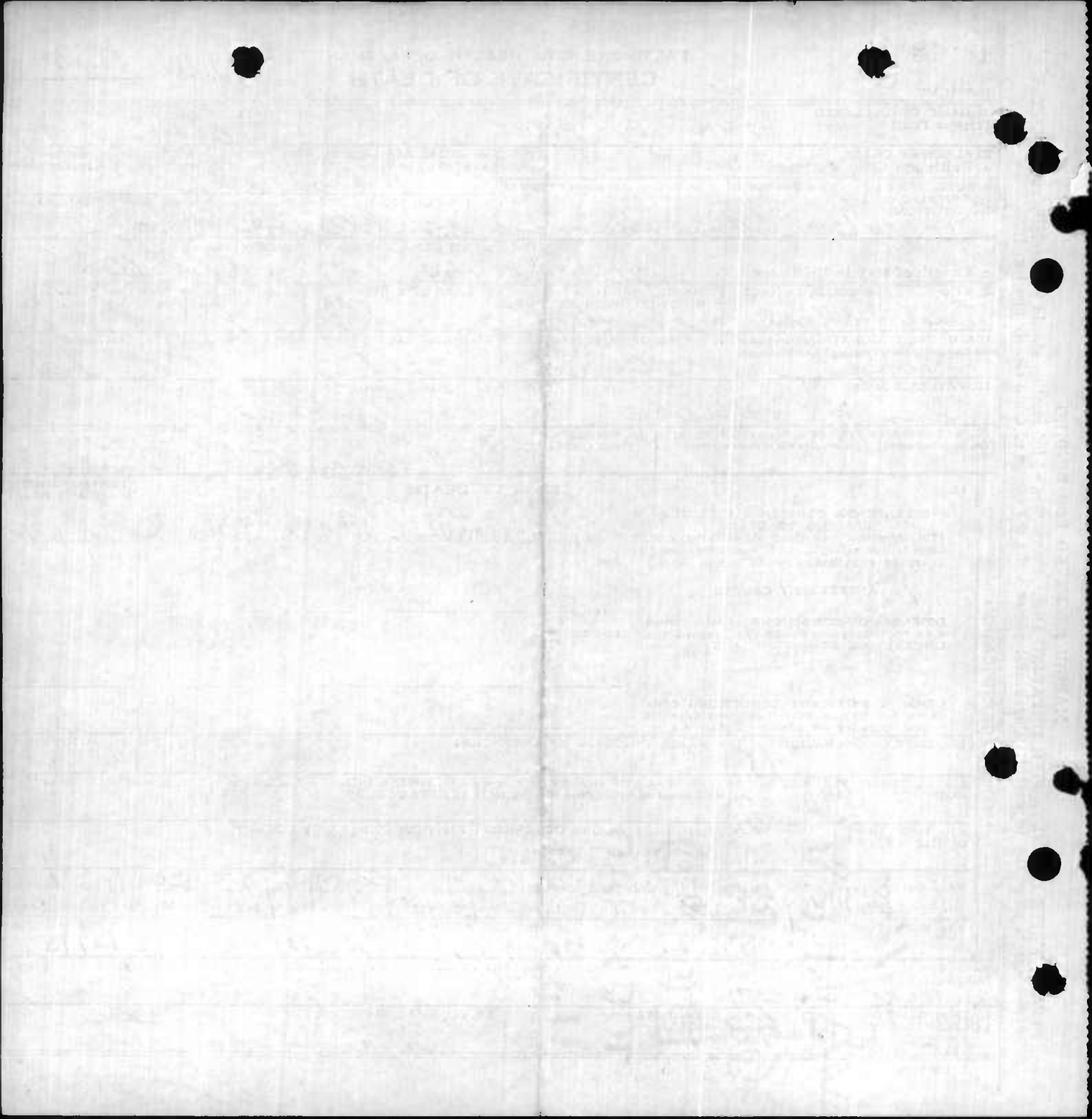
Holladay Funeral Home 1600 David Hill Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATION

MEDIC



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4819
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Arthur Machen

2. DATE
OF
DEATH

May 28, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHN HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Ruxton

D. STREET ADDRESS (If rural, give location)

5300

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

B. DATE OF BIRTH

3-18-77

9. AGE (in years last birthday)

73

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Lawyer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

USA.

13. FATHER'S NAME

Arthur W. Machen

14. MOTHER'S MAIDEN NAME

Minnie B. Gresham

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHN HOPKINS HOSPITAL

ADDRESS

18.

610 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) UREMIA

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

PROSTATECTOMY

12

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Aspiration Pneumonia

19A. DATE OF OPERATION

15 MAY 50

19B. MAJOR FINDINGS OF OPERATION

PROSTATIC HYPERPLASIA

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-15, 1950, to 5-28, 1950, that I last saw the deceased alive on 5-28, 1950, and that death occurred at 7:19 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Paul L. Buren

23B. ADDRESS

JOHN HOPKINS HOSPITAL

23C. DATE SIGNED

5/28/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

5-29-1950

24C. NAME OF CEMETERY OR CREMATORY

GREENMOUNT

24D. LOCATION (City, town, or county)

BALTO

MD.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 29 1950

REGISTRAR'S SIGNATURE

Thurston Williams, Jr.

25. FUNERAL DIRECTOR

H.W. JENKINS & SONS

ADDRESS

4905 York Rd.

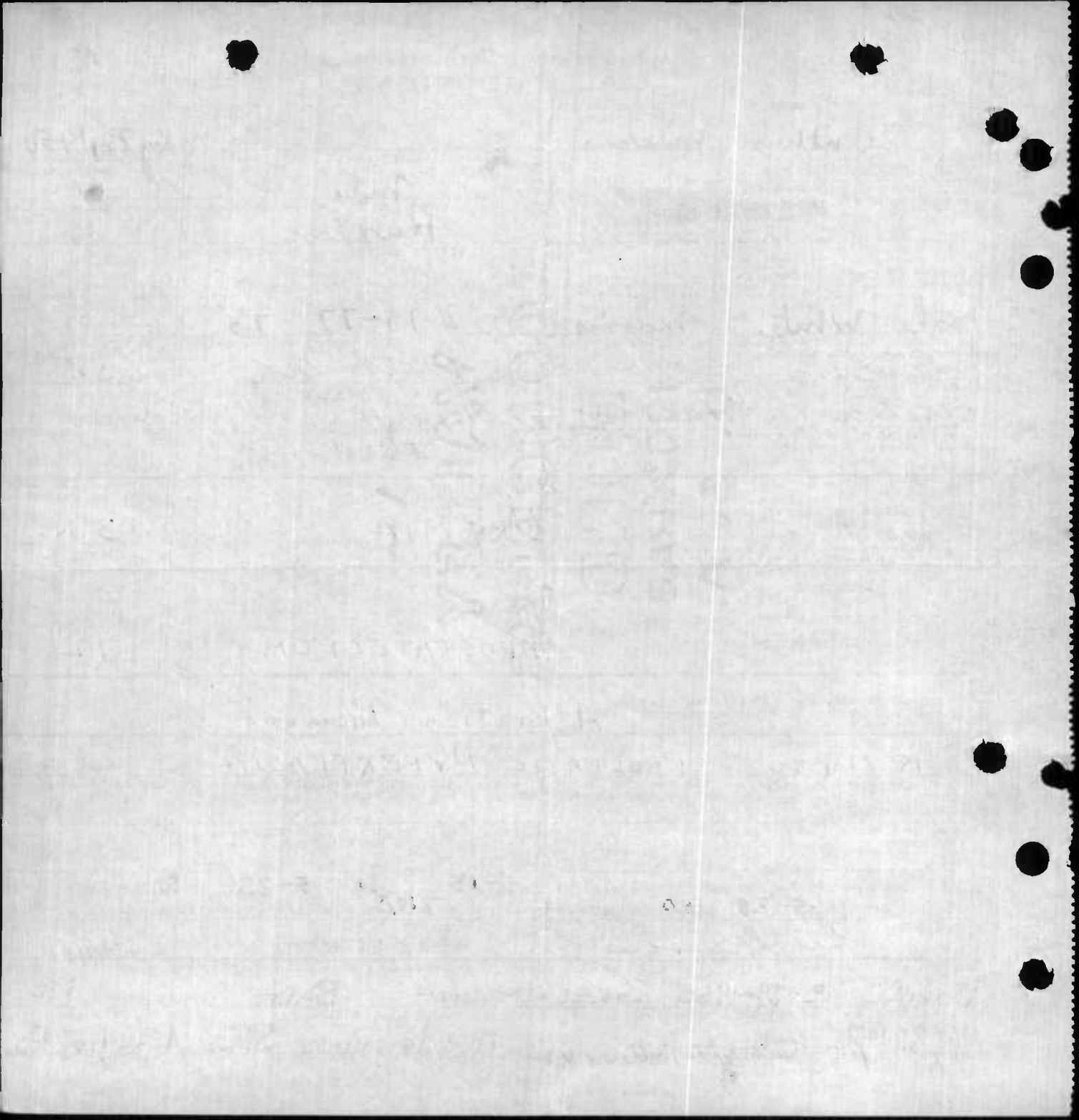
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137a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4820
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES I. Keenan (James I. Keenan)

2. DATE
OF
DEATH

MAY 28, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE **Maryland** B. COUNTY **City**

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION **West Baltimore General Hospital**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore **Life**

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)
III2 Forrest Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Jan. 22nd. 1893

9. AGE (In years last birthday)

57

10. Under 1 Year Months: Days

4

6

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Policeman

10B. KIND OF BUSINESS OR INDUSTRY

Baltimore City

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Paul Keenan

14. MOTHER'S MAIDEN NAME

Anne McGovern

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Yes

W.W.I

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs. Mary Keenan--III2 Forrest Street

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4-7, 1950** to **5-28, 1950**, that I last saw the deceased alive on **5-28, 1950** and that death occurred at **4:30 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

5-31-50

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county) (State)

Frederick Road, Balto: Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 29 1950

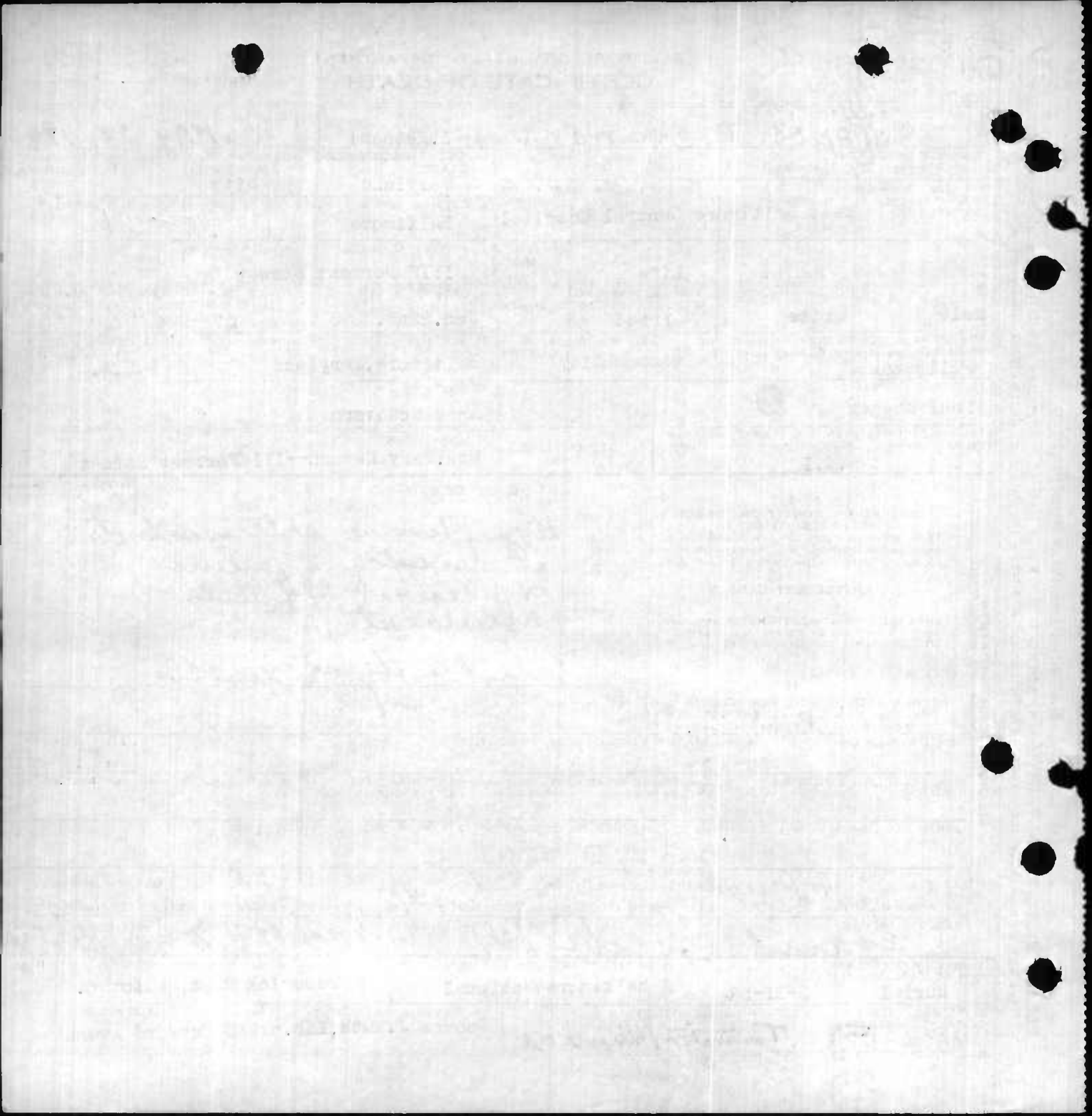
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

George J. Ruth, Inc.-1735 Harford Avenue



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **50 4821**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LILLIE CAROLINE ROVECAMP

2. DATE
OF
DEATH

May 28, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION **West Balto. Gen'l. Hosp.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.**
B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
Wyman Park Apts.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Mar. 8, 1861

9. AGE (In years
last birthday)

89

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Louis Knapp

14. MOTHER'S MAIDEN NAME

Amelia Vinup

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL
SECURITY NO.
no

17. INFORMANT

ADDRESS

Mr. William B. Rovecamp Wyman Pk. Apts.

18. **E 903.0**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

HASCAVD = decomposition

OE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Fractured hip

OE TO

(C)

CERTIFICATION APPROVED BY

Dr. W. H. Kammer

per: **RS Fisher** M.D.

CHIEF OR ASST. MEDICAL EXAMINER.

INTERVAL BETWEEN
ONSET AND DEATH

**4-24-50
to
5-28-50**

19A. DATE OF OPERATION

4-28-50

19B. MAJOR FINDINGS OF OPERATION

Appliation of Rye-Anderson splint,

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

Accident

21B. PLACE OF INJURY (In or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Balto. City

13/7

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

4 24 50

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Patient fell to floor

22. I hereby certify that I attended the deceased from **4-24**, 19**50**, to **5-28**, 19**50** that I last saw the deceased alive on **5-27**, 19**50**, and that death occurred at **12:30A** m., from the causes and on the date stated above.

23A. SIGNATURE

William W. Bindeman M.D.

23B. ADDRESS

W B G H

23C. DATE SIGNED

5-28-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/31/50

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Wm. J. Tichenor & Sons - Balto

ADDRESS

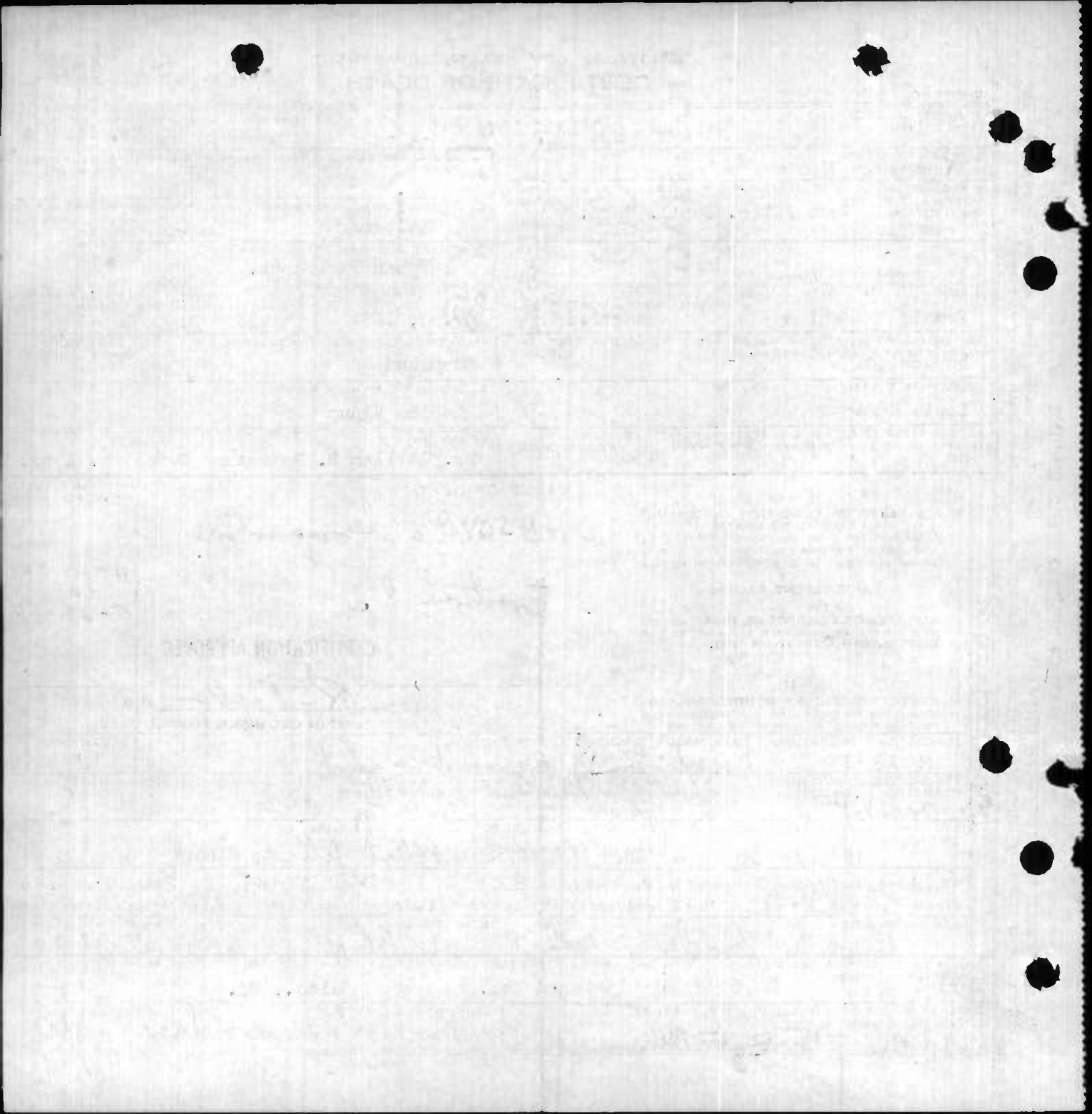
186a Md.

VS 150

N-820.7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4822
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MR GEORGE J. BRUCE SR.

2. DATE
OF
DEATH

5-26-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE B. COUNTY

MARYLAND

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

24 DON SECOURS Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

HALETHORPE (27)

D. STREET ADDRESS (If rural, give location)

5702 FIRST AVE.

5200

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

7-6-88

9. AGE (In years last birthday)

62

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SUPPLY MAN

10B. KIND OF BUSINESS OR INDUSTRY

Butl. Steel

11. BIRTHPLACE (State or foreign country)

BALTO, MD.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William F Bruce

14. MOTHER'S MAIDEN NAME

Theodosia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

213-07-8184

17. INFORMANT

Clara Bruce

ADDRESS

18.

443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) ACUTE PULMONARY EDEMA

48 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ACUTE CARDIAC FAILURE

48 hrs

DUE TO

(C) HYPERTENSIVE CARDIO-VASCULAR DISEASE

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-23-50, 1950, to 5-26, 1950, that I last saw the deceased alive on 5-26, 1950, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

George D. Solomon Jr.

M. D.

23B. ADDRESS

23C. DATE SIGNED

5-26-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 29 1950

William F. Williams, M.D.

Harry F. Lintz, 4101 Edmond St.

26629

937 Ave.

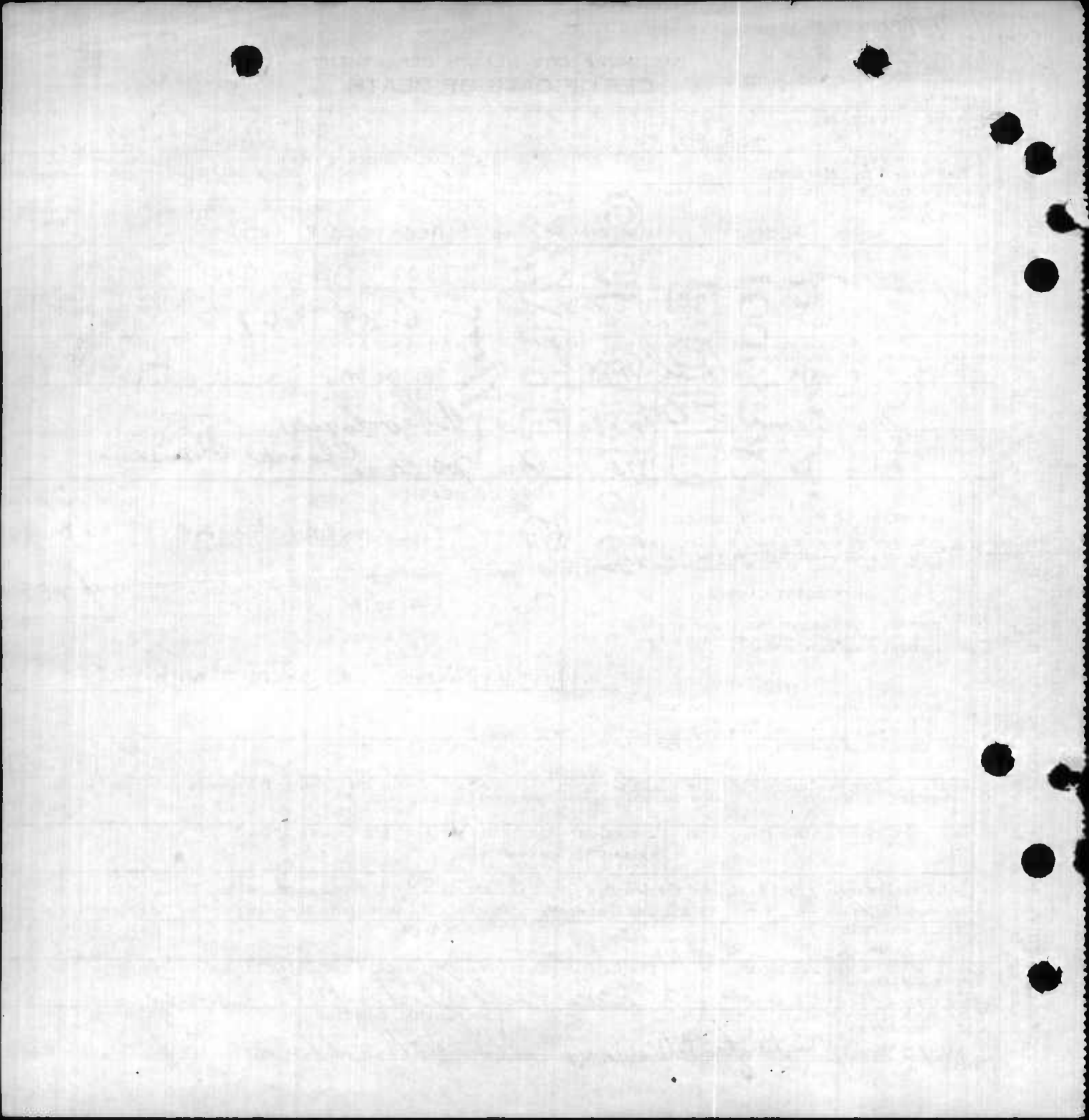
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MARGIN RESERVED FOR BINDING

CERTIFICATION

MEDICAL

PLEASE WRITE PRECISELY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



KERCHNER
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4823
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*John J. Kerchner*2. DATE
OF
DEATH*5-28-50*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

*Maryland.**Baltimore*B. FULL NAME OF
HOSPITAL OR
INSTITUTION*University Hospital.*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

220 Oak Lee Village.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male.

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Widowed.*

8. DATE OF BIRTH

*Dec, 11, 1877*9. AGE (In years,
last birthday)*72.*10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Retail Shipping Clerk*10B. KIND OF BUSINESS OR
INDUSTRY*McCormick & Co*

13. FATHER'S NAME

Frederick Kerchner

14. MOTHER'S MAIDEN NAME

*Ann Lunnenkenpe*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

John A. Kerchner 201 Oak Lee Village

18.

162X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Bronchogenic Carcinoma

DUE TO

ANTECEDENT CAUSES

(B)

Ar

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.*Arteriosclerosis, A.S. heart disease,
impairment gangrene legs.*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5-24*, 1950, to *5-28*, 1950 that I last saw the
deceased alive on *5-28*, 1950, and that death occurred at *5:15* Am., from the causes and on the date stated above.

23A. SIGNATURE

H. Patterson Mack

23B. ADDRESS

University Hospital

23C. DATE SIGNED

*5-28-50*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

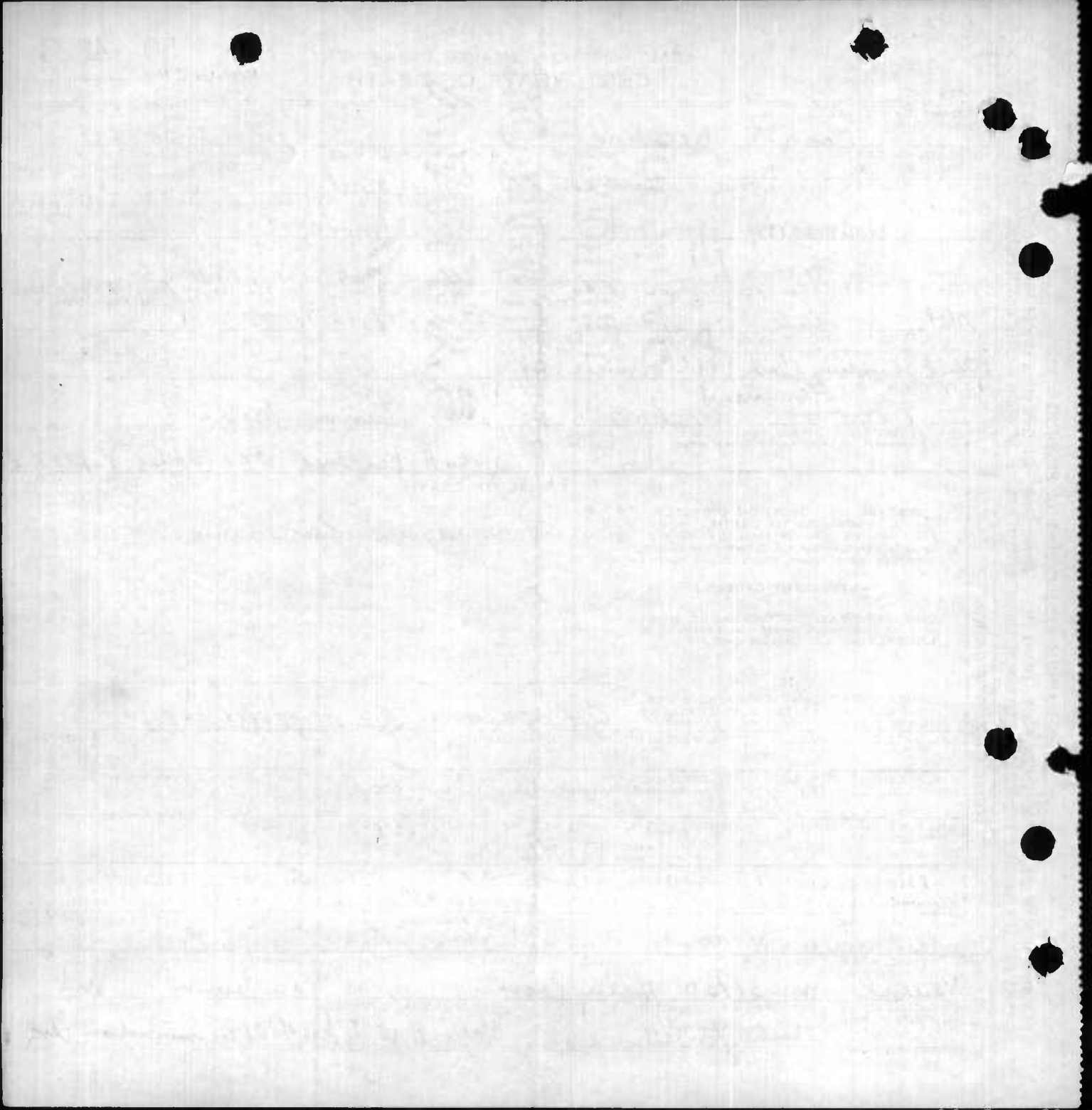
*Burial**May 31/50**Holly Cross**Baltimore**MD*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*MAY 29 1950**Christington Williams, Jr.**Harry H. Witzke 4101 Edmondson Ave*



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 4824

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTYB. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes or no) (If yes, give war dates or service)16. SOCIAL
SECURITY NO.

17. INFORMANT

18. ADDRESS

18. 422.2

CAUSE OF DEATH

INTERVIEW BETWEEN
DEATH AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1949, to May 27, 1950, that I last saw the
deceased alive on May 26, 1950, and that death occurred at 7 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. JOURNAL, CREMA-
TION, REMOVAL, SPECIFY

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

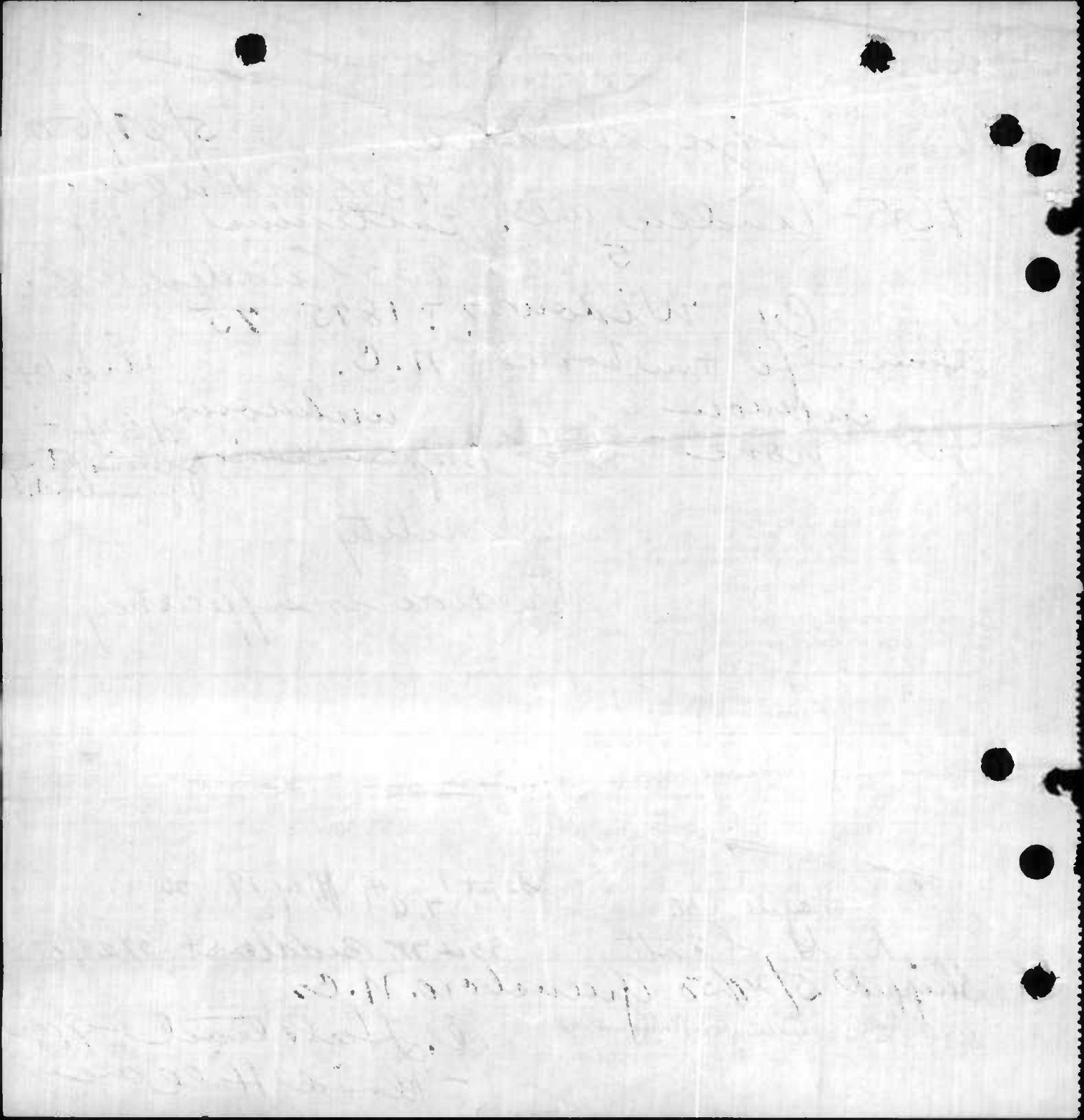
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

50 4825

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alice Clark

2. DATE OF DEATH

5/24/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission)

A. STATE *Md.*

B. COUNTY *City*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 17-02

B. FULL NAME OF (If not in hospital or institution, give street address or location)

513-Offord St.

D. STREET ADDRESS (If rural, give location)

513-Offord St.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, Specify

Widow

8. DATE OF BIRTH

Jan. 1/1887

9. AGE (In years last birthday)

63

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laundress

10B. KIND OF BUSINESS OR INDUSTRY

Private

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF (What country)

U.S.A.

13. FATHER'S NAME

John Clark

14. MOTHER'S MAIDEN NAME

Sophia Wright

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or none) (If yes, give year or dates of service)

no

no

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Bell Shorter - Sister of

ADDRESS

18. *4221*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cardio Vascular Disease

INTERVAL BETWEEN ONSET AND DEATH

1 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5-1-1950* to *5-24-1950*, that I last saw the deceased alive on *5-24-1950* and that death occurred *3:30 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

W. Atwell Jones

23B. ADDRESS

554 Dolph St

23C. DATE SIGNED

5-26-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/31/50

24C. NAME OF CEMETERY OR CREMATORY

MT. CARMEL

24D. LOCATION (City, town, or county)

Cedar Hill Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 29 1950

REGISTRAR'S SIGNATURE

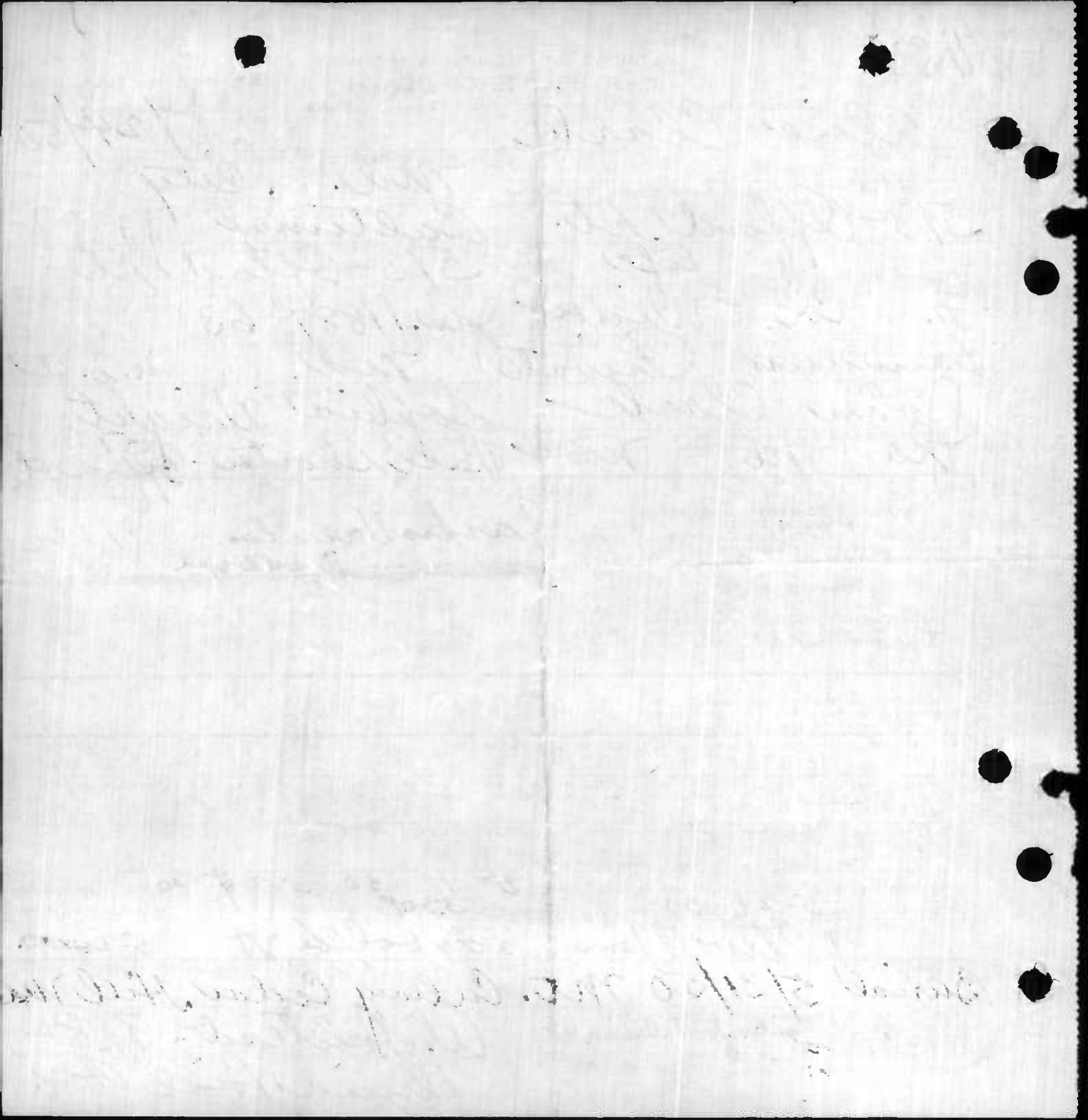
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W. Halstead - 918 -

ADDRESS

Alvin Hill Ave. 925



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4826

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

859-W. Lex. St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

859-W. Lex. St.

c. Length of stay in Baltimore

15

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
'last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, unknown) (If yes, give year or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

36 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertension

DUE TO

Unknown

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from Feb 1950, to May 27, 1950, that I last saw the
deceased alive on May 26 1950, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

52086

P. Halstead - 918 -
Blue Hill Ave. 83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4827

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Josephine Piatkowski		2. DATE OF DEATH May 26/50	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1471 Reynolds St.		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION 00		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 24-01	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 1471 Reynolds St.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Packing House	9. AGE (In years, last birthday) 60 If Under 1 Year: Months: _____ Days: _____ If Under 24 Hours: Hours: _____ Min: _____
11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME Janiszewski		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Helen Jarkowski		ADDRESS _____	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Coronary Embolism DUE TO arterio sclerosis Hypertension (B) Bronchial asthma DUE TO _____ (C) Chronic Inflammatory Nephritis	INTERVAL BETWEEN ONSET AND DEATH 20 min 1 yr 4 days 1 yr
--	--	--

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 21 , 19 50 , to May 26 , 19 50 , that I last saw the deceased alive on May 26 , 19 50 , and that death occurred at _____ m., from the causes and on the date stated above.					
23A. SIGNATURE J. F. A. Stevens		23B. ADDRESS 2878 Hartford Rd M. D.		23C. DATE SIGNED 5-28-50	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE May 30/50	24C. NAME OF CEMETERY OR CREMATORY Holy Rosary	24D. LOCATION (City, town, or county) (State) Baltimore
--	-------------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR MAY 29 1950	REGISTRAR'S SIGNATURE Christina Williams, M.D.	25. FUNERAL DIRECTOR Fred W. Ozazowski	ADDRESS 1930 Eastern Ave 131a
--	--	--	---

VS 150

98860

1930 Eastern Ave 131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

CERTIFICATE OF BIRTH

STATE OF TEXAS

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4829
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHNSON, ROSIE

2. DATE
OF
DEATH

5/26/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

29

Provident

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

17-01

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore: 1.

D. STREET ADDRESS (If rural, give location)

615 Canal ST.

c. Length of stay in Baltimore

30 YEARS

5. SEX

F

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

May 2, 1905

9. AGE (In years,
last birthday)

45

10 Under 1 Year
Months: Days

24

11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

DOMESTIC

10B. KIND OF BUSINESS OR
INDUSTRY

PRIVATE

11. BIRTHPLACE (State or foreign country)

CHASE, MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MARY WATERS - JOPPA, MD.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Vascular accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertension

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/25, 1950, to 5/26, 1950, that I last saw the deceased alive on 5/26, 1950, and that death occurred at 1:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

L. Leeper / John H. Holmes, M.D.

23B. ADDRESS

Provident Hosp.

23C. DATE SIGNED

5/27/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-1-50

24C. NAME OF CEMETERY OR CREMATORY

MAGNOLIA

24D. LOCATION (City, town, or county) (State)

HARFORD CO., MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

WM. A. JACKSON - 916 PENNA. AVE.

NOT A MEDICAL

NOT A MEDICAL

M.D.

CHIEF OF AIR MEDICAL EXAMINER

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4830
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

J STEPHEN KELLEY

2. DATE
OF
DEATH

5/28/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4203 IVANHOE AVE

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

MD

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTO

27-10

D. STREET ADDRESS (If rural, give location)

4203 IVANHOE AVE

c. Length of stay in Baltimore

LIFETIME

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

MARRIED

(Specify)

8. DATE OF BIRTH

SEPT 2 - 1898

9. AGE (In years,

last birthday)

10. Under 1 Year

Months Day

11. Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, or if retired)

RETIRED SURVEYOR - ENG. CO.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTO MD.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JAS. KELLEY

14. MOTHER'S MAIDEN NAME

Mary Lindsay

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, unknown) (If yes, give war and dates of service)

yes World War I

16. SOCIAL
SECURITY NO.

216-07-4631

17. INFORMANT

ADDRESS

MRS EULELIA KELLEY 4203 IVANHOE AVE

18. 420.1 161X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive C-V-Disease

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of Larynx & Laryngeal edema

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-28, 1950, to 5-28, 1950, that I last saw the
deceased living on 5-28, 1950, and that death occurred at 2:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION/REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 29 1950

Tunington Williams, MD

Geo. H. Leimbach 1754 Lyndhurst

VS 150

V92 93

47a

WANDA AVE

WANDA AVE

MARTIN

M

THIRTEEN

THIRTEEN

WANDA AVE

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY IN UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-600
50 4828

WALBURGA C. KROH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4828
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Walburga C. Kroh</i>			2. DATE OF DEATH <i>5/27/50</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore Md</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Baltimore</i> B. COUNTY <i>MD</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1617 Hanger St</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Md</i>		
c. Length of stay in Baltimore <i>Life</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1617 Hanger St</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>2/14/1873</i>	9. AGE (In years last birthday) <i>77</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Wife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Frank Gossman</i>			14. MOTHER'S MAIDEN NAME <i>Mary O'Regan</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Mrs Kroh 1617 Hanger</i>		
18. <i>151X</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of Stomach</i> (A) DUE TO ANTECEDENT CAUSES <i>Metastases</i> (B) DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Oct 1949 to May 26, 1950</i> , that I last saw the deceased alive on <i>May 26, 1950</i> , and that death occurred at <i>4 P. M.</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>Dennis J. Mc Gath</i>		23B. ADDRESS <i>1 E Randall St</i>		23C. DATE SIGNED <i>5/27/50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5/20/50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Catharine</i>	
24D. LOCATION (City, town, or county) (State) <i>1603 Frederick Rd</i>		25. FUNERAL DIRECTOR ADDRESS <i>J. J. Foley, 1318 Light</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 29 1950</i>		REGISTRAR'S SIGNATURE <i>Wilmington Williams</i>		VS 150	

46B

1914

STATE OF NEW YORK
IN SENATE
JANUARY 14, 1914

REPORT
OF THE
COMMISSIONER OF THE LAND OFFICE

IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE
JANUARY 14, 1914

ALBANY:
J.B. LIPPINCOTT & CO. PRINTERS
1914

RECEIVED
JAN 15 1914

ALBANY, N. Y.
JAN 15 1914

REPORT
OF THE
COMMISSIONER OF THE LAND OFFICE

IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE
JANUARY 14, 1914

ALBANY:
J.B. LIPPINCOTT & CO. PRINTERS
1914

RECEIVED
JAN 15 1914

ALBANY, N. Y.
JAN 15 1914

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4831
Registered No.

BIRTH NO. 50 4831

1. NAME OF DECEASED (Type or Print) <i>Mrs Ella M. DeLanty</i>			2. DATE OF DEATH <i>May 26, 1950</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1303 W Cross St.</i>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Balto City - 1303 W Cross St</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1303 W Cross St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. Md 21-02</i>		
c. Length of stay in Baltimore <i>life</i>			D. STREET ADDRESS (If rural, give location) <i>1303 W Cross St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>May 26, 1885</i>	9. AGE (in years, last birthday) <i>65 yrs</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Wm O. Huffington</i>			14. MOTHER'S MAIDEN NAME <i>Gallie Emich</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Ma Virginia Spelling</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO.		ADDRESS <i>1303 W Cross St</i>	

18. <i>290.0</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>congestive heart failure</i>	<i>4 wks.</i>
ANTECEDENT CAUSES	(B) <i>pernicious anaemia</i>	<i>8 years.</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *April 14, 1942*, to *May 26, 1950*, that I last saw the deceased alive on *May 26, 1950*, and that death occurred at *10:15 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>George J. Rupp</i>	23B. ADDRESS <i>3030 Edmondson Ave</i>	23C. DATE SIGNED <i>May 26 1950</i>
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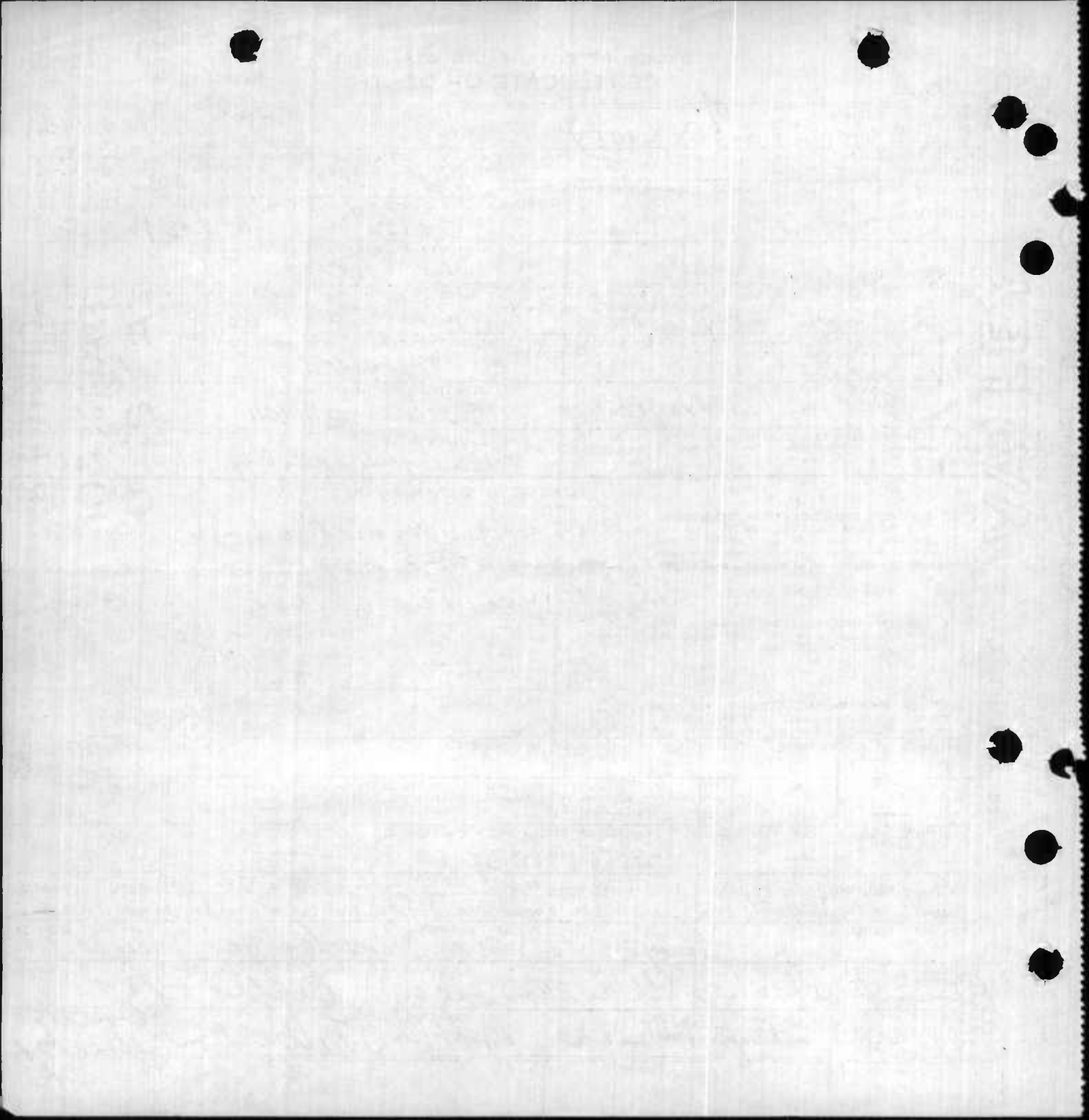
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>5/30/50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Western Bm</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 29 1950</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Porter B. M. Walters</i>	ADDRESS <i>Stricker</i>

VS 150

93E *St*

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE/MARRIED, WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 581.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/5/1950, to 5/26/1950, that I last saw the deceased alive on 5/25/1950, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

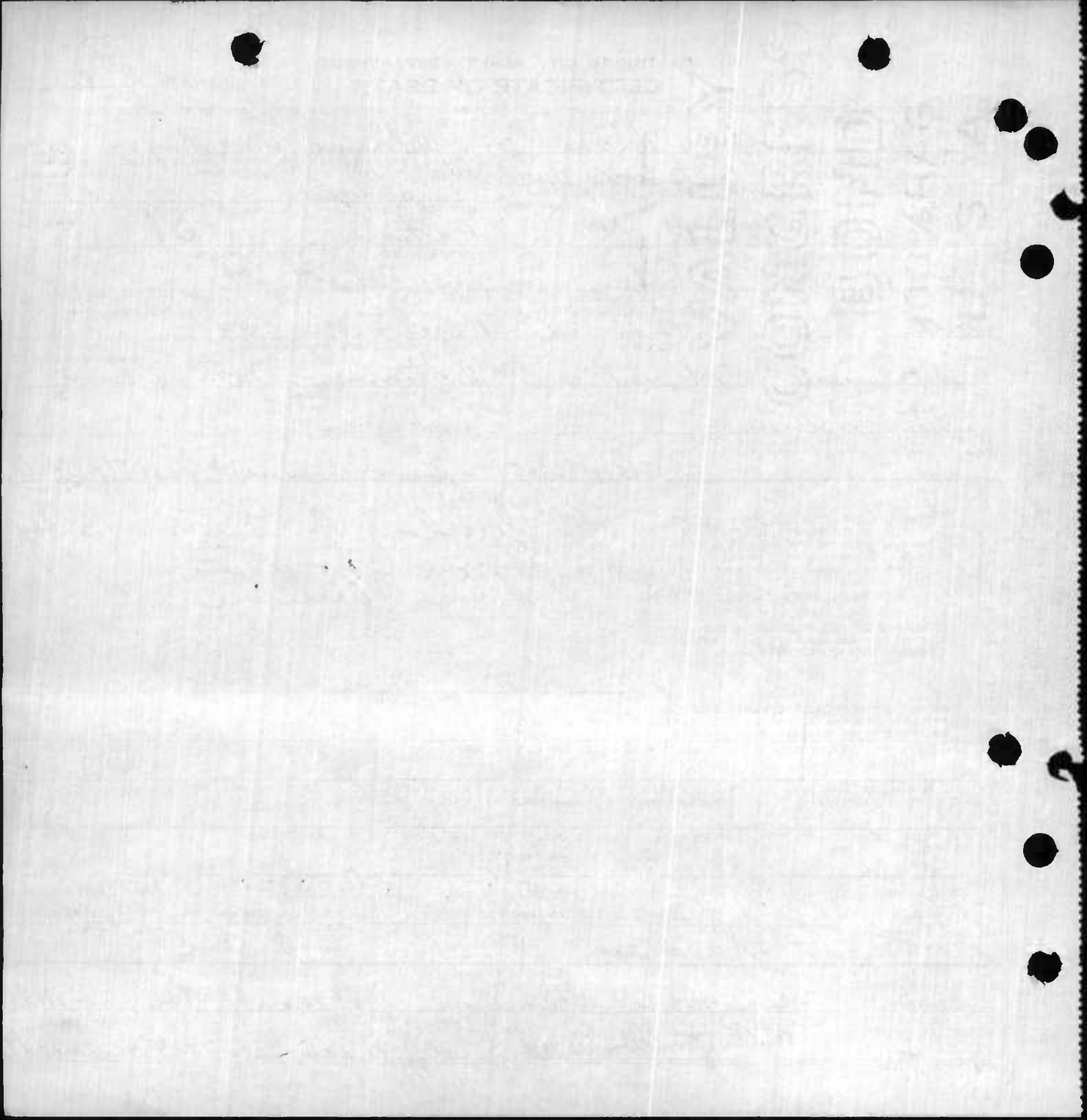
25. FUNERAL DIRECTOR

ADDRESS

MAY 29 1950

6023V

124B



CERTIFICATE CORRECTED

8-7-50

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 4833

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HELEN Puckett STURGIS

2. DATE OF DEATH
MAY 27, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Johns Hopkins Hospital

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

7. STREET ADDRESS (If rural, give location)
1421 Fayette (E.) St.

8. Length of stay in Baltimore

Life

9. SEX

10. COLOR OR RACE

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

12. DATE OF BIRTH

13. AGE (in years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

FEMALE COLORED

Sep.

Aug. 21, 1925

24 25

14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Factory Worker

Canning Industry

Baltimore Md.

15. CITIZEN OF WHAT COUNTRY? U.S.A.

16. FATHER'S NAME

Wade Puckett

17. MOTHER'S MAIDEN NAME

Julia Fayette

18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

19. SOCIAL SECURITY NO.

20. INFORMANT ADDRESS
Julie Puckett, 1626 Ashland Ave

21. E981X1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Gunshot injury of brain

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

22. DATE OF OPERATION

23. MAJOR FINDINGS OF OPERATION

24. AUTOPSY?

YES ☒ NO ☐

25. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

26. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

27. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Home

1421 E. Fayette St.

28. TIME (Month) (Day) (Year) (Hour) OF INJURY

May 27, 1950 1:20 A.M.

29. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

30. HOW DID INJURY OCCUR?

Firearms

31. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

32. SIGNATURE

Mr. J. Mc Clafferty

33. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER M.D. MEDICAL INVESTIGATOR

34. DATE SIGNED May 27, 1950

35. BURIAL, CREMATION, REMOVAL (Specify)

36. DATE

6/1/50

37. NAME OF CEMETERY OR CREMATORY

St. Calvary

38. LOCATION (City, town, or county)

Anne Arundel Co., Md

39. DATE RECEIVED BY LOCAL REGISTRAR

40. REGISTRAR'S SIGNATURE

41. FUNERAL DIRECTOR

42. ADDRESS

43. MAY 29 1950

44. H. Williams, M.D. Lottie Gross - 1408 Ashland Ave

VS 101

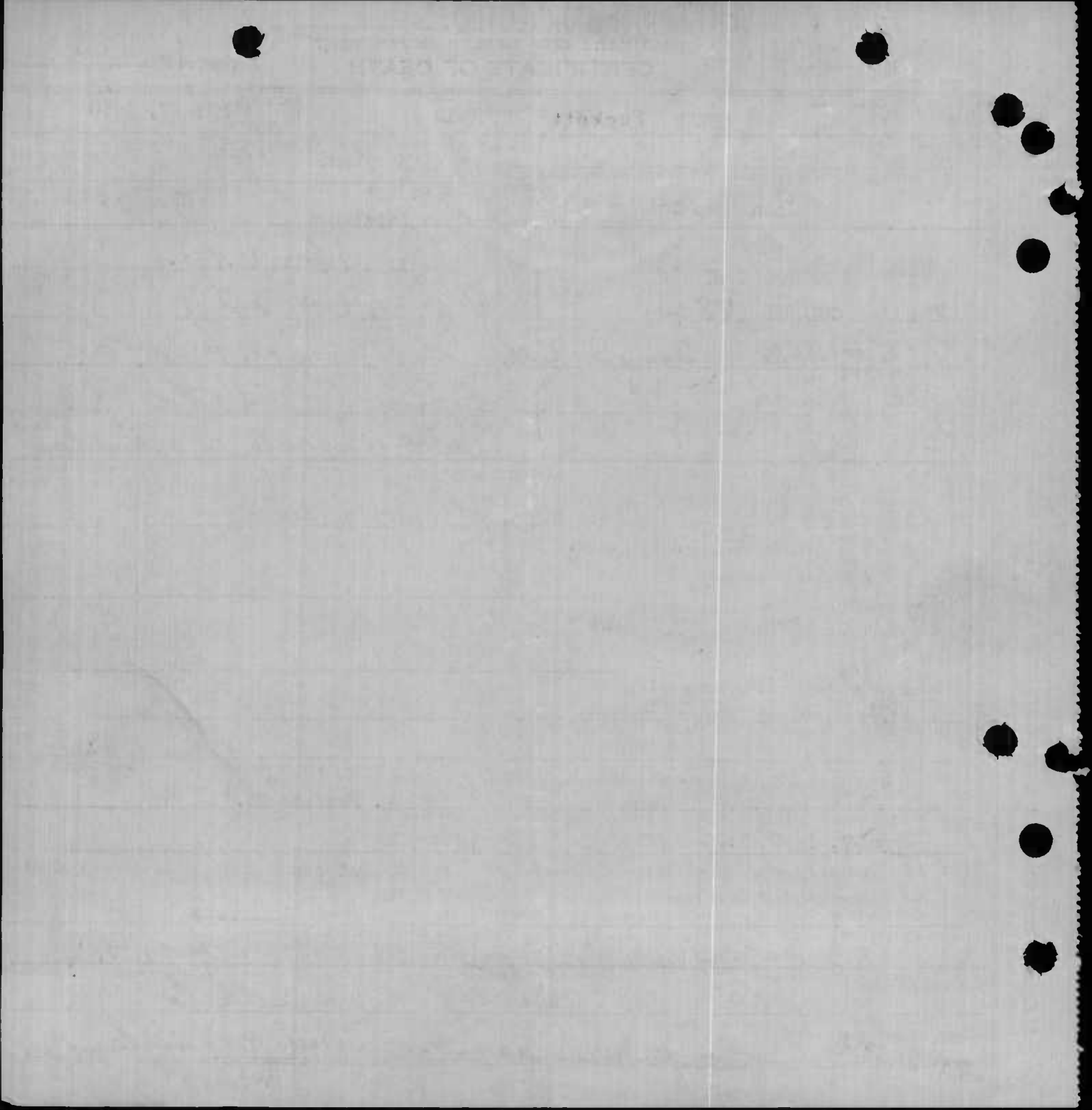
11-853.4

496 X1

166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4834
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE E. COLLIER

2. DATE
OF
DEATH

May 27, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 601 N. Rose St.

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

Md.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

601 N. Rose St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 29, 1863

9. AGE (In years
last birthday)

86

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

retired watchman

10B. KIND OF BUSINESS OR
INDUSTRY

Balto. Comm. Bank

11. BIRTHPLACE (State or foreign country)

Nanticoke, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

George Collier

14. MOTHER'S MAIDEN NAME

Mary A. Wainwright

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Katherine Collier, wife, 601 N. Rose St.

18.

151X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

Carcinoma Stomach

INTERVAL BETWEEN
ONSET AND DEATH

about 4 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Cardio Vascular Hypertension
Cerebral

(C) DUE TO

Atherosclerosis

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from Feb. 1949 to May 27, 1950, that I last saw the
deceased alive on May 27, 1950, and that death occurred at 151A M., from the causes and on the date stated above.

23A. SIGNATURE

L. J. Kilmes

23B. ADDRESS

2623 E. Monument St.

23C. DATE SIGNED

5/27/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 29, 1950

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

North Ave. & Rose St., Balto.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 29 1950

REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.

ADDRESS

2601-3-5 E. Madison St.

STATE OF TEXAS
COUNTY OF DALLAS

IN SENATE
JANUARY 10, 1901

REPORT OF THE

COMMISSIONER OF THE

LAND OFFICE

FOR THE YEAR

ENDING DECEMBER

31, 1900

AND

THE

LANDS

UNDER

THE

ACT

OF

APRIL

1890

AND

THE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) *Mrs. MARY T MEYER.*2. DATE
OF
DEATH*5/27/50.*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Baltimore*B. FULL NAME OF
HOSPITAL OR
INSTITUTION*Church Home & Hospital.*

C. Length of stay in Baltimore

life.

5. SEX

Female

6. COLOR OR RACE

*White.*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Widowed*10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Housewife.*10B. KIND OF BUSINESS OR
INDUSTRY*-*

13. FATHER'S NAME

*John Arthur.*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*no.*16. SOCIAL
SECURITY NO.*-*

17. INFORMANT

ADDRESS

Lambert Meyer 2800 Orlean St.

18.

153 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

*Adenocarcinoma of
intestine.*

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH*33 days*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1/26/1950* to *5/27/1950*, that I last saw the
deceased alive on *5/26/1950*, and that death occurred at *6:00 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Dermond C. Barber

M. O.

23B. ADDRESS

Church Home & Hospital

23C. DATE SIGNED

*5/27/50*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

5/30/50

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY

MAY 29 1950

REGISTRAR'S SIGNATURE

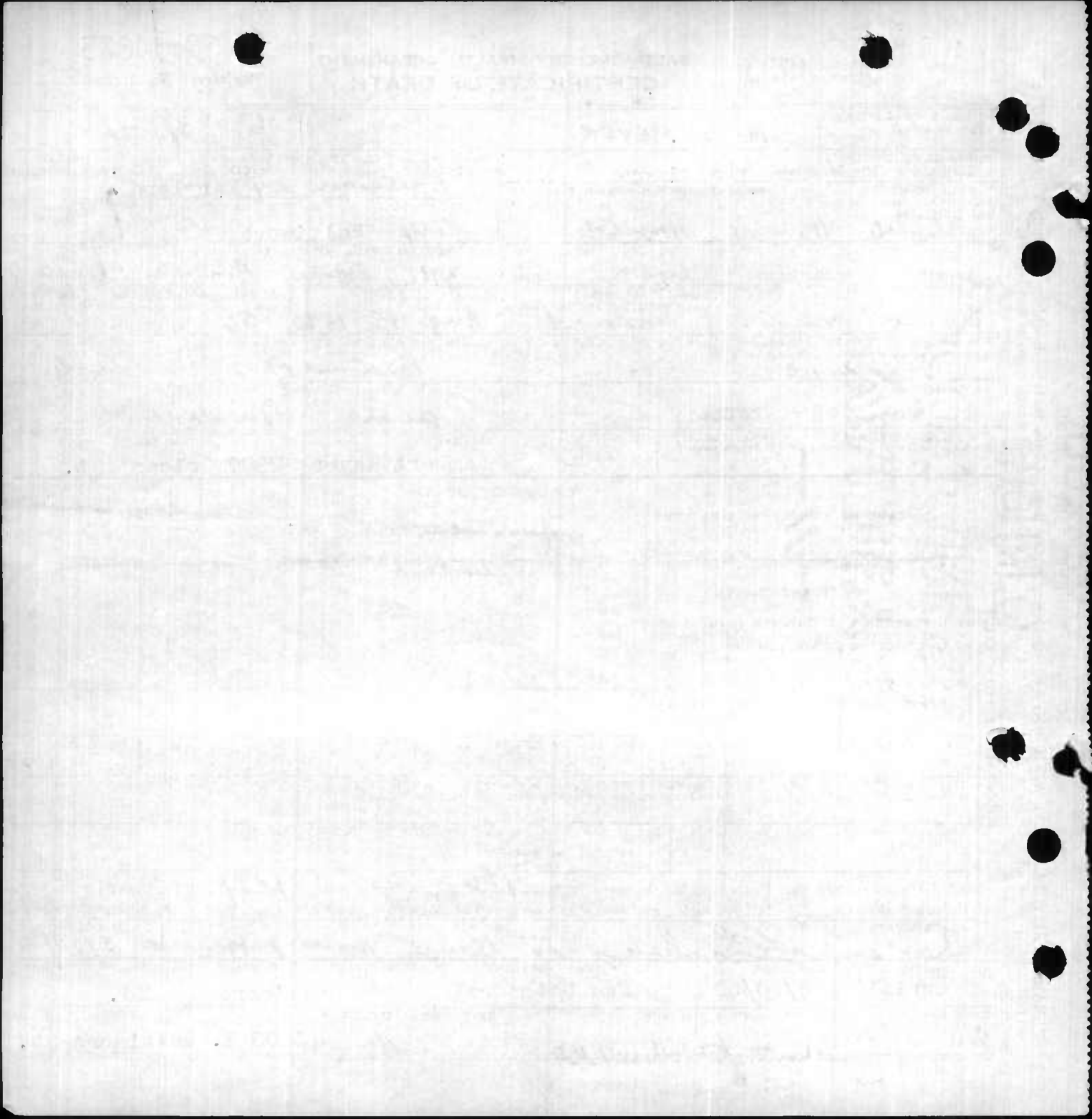
Dermond C. Barber

25. FUNERAL DIRECTOR

John A. Moran

ADDRESS

3000 E. Baltimore St.



B-520
4836BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4836
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Constance Benesch

2. DATE
OF
DEATH

5/28/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Sq Hosp

c. Length of stay in Baltimore

45 yrs

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

Md

B. COUNTY

Balt

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 18-03

D. STREET ADDRESS (If rural, give location)

808 W. Lombard St.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

2/18/1888

9. AGE (In years
last birthday)

62

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, or if retired)

House wife

10b. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Lithuania

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Andrew Asadowski

14. MOTHER'S MAIDEN NAME

Nellie Adranski

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

-

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

Vito Benesch 808 W. Lombard St.

18.

175X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Generalized Carcinoma

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Carcinoma of Ovary

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

Generalized Carcinomatosis

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to May 28, 1950, that I last saw the
deceased alive on May 28, 1950, and that death occurred at 6:00 m., from the causes and on the date stated above.

23a. SIGNATURE

Michael Ramundo

M.D.

23b. ADDRESS

Franklin Sq Hosp

23c. DATE SIGNED

5/28/50

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

6/1/50

24c. NAME OF CEMETERY OR CREMATORY

Green Haven Mtn. Pk.

24d. LOCATION (City, town, or county)

Pottsville, Pa.

(State)

REGISTRAR'S SIGNATURE

Kathleen Williams, M.D.

25. FUNERAL DIRECTOR

John J. Edwards, Son

ADDRESS

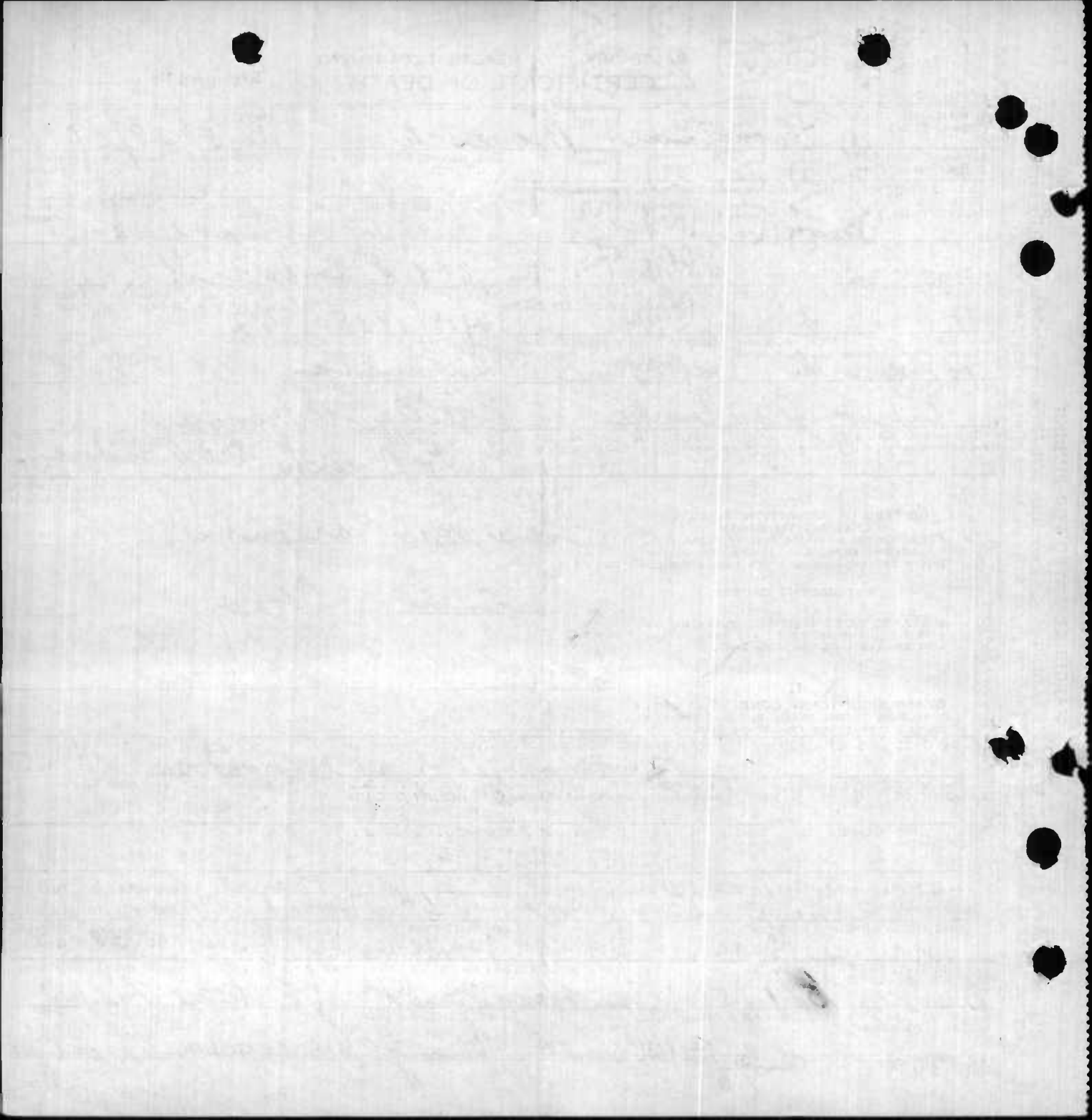
2501 Collins

49a A

MAY 29 1950

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4837
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Gabriel Theodore Banks

2. DATE
OF
DEATH

5-27-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**Baltimore City Hospitals
4940 Eastern Avenue**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

26-05

C. Length of stay in Baltimore

43 years

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

503 Tolna Street

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

May 1-1904

9. AGE (In years last birthday)

46

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

News Stand

11. BIRTHPLACE (State or foreign country)

Roumania

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Gabriel Banks

(D)

14. MOTHER'S MAIDEN NAME

Mary Siladi

(D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.
212-07-5872

17. INFORMANT ADDRESS
**Baltimore City Hospitals
Records: 4940 Eastern Avenue**

18. **434.3**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Cardiac Insufficiency**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Cor Pulmonale**

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **5-26**, 19**50** to **5-27**, 19**50** that I last saw the deceased alive on **5-27**, 19**50** and that death occurred at **3.15 A.m.**, from the causes and on the date stated above.

23A. SIGNATURE

[Signature] M. O.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

5-27-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-30-50

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus Cemetery

24D. LOCATION (City, town, or county) (State)

Dundalk Ave. Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

ADDRESS

[Signature] **901 S. Conkling St.**

VS 150

29878

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WANE
BOMD
CONCERN
ATTRA

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4838
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Roland Earl Warner

2. DATE
OF
DEATH

May 28, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY
Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

1-03

D. STREET ADDRESS (If rural, give location)

609 South Brodford St, Baltimore Md.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 24, 1900

9. AGE (In years last birthday)

49

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Rigger

10B. KIND OF BUSINESS OR INDUSTRY

oil Company

11. BIRTHPLACE (State or foreign country)

Maryland.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Edward Warner

14. MOTHER'S MAIDEN NAME

Bessie Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

U.M.H. Hospital Records

18. *416X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, athenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Rheumatic Heart Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *May 21*, 1950, to *May 28*, 1950, that I last saw the deceased alive on *May 28*, 1950, and that death occurred at *9:45 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

William A. Ransom

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

5-28-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-1-50

24C. NAME OF CEMETERY OR CREMATORY

St. Peter's Cem.

24D. LOCATION (City, town, or county)

Queenstown, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 29 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Gilley & Zeiler Inc. Balt. Md.

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

OFFICE OF THE
DIRECTOR OF THE
BUREAU OF THE
CENSUS

1-25-55

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4839
Registered No.

BIRTH NO. 50 4839

1. NAME OF DECEASED (Type or Print) RAYMOND HEAGY			2. DATE OF DEATH May 29, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2137 Jefferson Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-03		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 2137 Jefferson Street		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6/30/1906	9. AGE (In years last birthday) 43	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter			10B. KIND OF BUSINESS OR INDUSTRY Self		
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Edith M. Heagy (wife)	
(If yes, give war or dates of service)				ADDRESS Same Address	

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Artery Disease DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
(C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Edith M. Heagy</i>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED May 29, 1950
---	---	---

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/1/1950	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	24D. LOCATION (City, town, or county) (State) Baltimore Maryland
--	------------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR MAY 29 1950	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Lilly & Zeller Inc. Baltimore, Md.</i>	ADDRESS 94a
--	---	---	-----------------------

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF BIRTH

1911

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4840

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MINNIE Hoffnagel (Huffnagel - Huffnagel)

2. DATE
OF DEATH

Sept. May 27 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

122 E. Barney St.

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

122 E. Barney St.

C. Length of stay in Baltimore About 60

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 29, 1878

9. AGE (In years
last birthday)

71

10. Under 1 Year
Months: Days: Hours: Min.

-

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Bremenhaven, Germany

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

(P)

Redeger

14. MOTHER'S MAIDEN NAME

(P) Messerschmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

John P. Hoffnagel (Son)

ADDRESS

15245 Charlotte

18. 421.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

- Chronic Endocarditis

INTERVAL BETWEEN
ONSET AND DEATH

6 mo.

ANTECEDENT CAUSES

(B) DUE TO

- Arterio Sclerosis

1 yr.

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 24, 1950, to May 27, 1950, that I last saw the
deceased alive on May 27, 1950, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. H. H. H. H.

23B. ADDRESS

1219 William St.

23C. DATE SIGNED

5/28/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

May 3, 1950

24C. NAME OF CEMETERY OR CREMATORY

F. G. Co., Md.

24D. LOCATION (City, town, or county)

F. G. Co., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 29 1950

REGISTRAR'S SIGNATURE

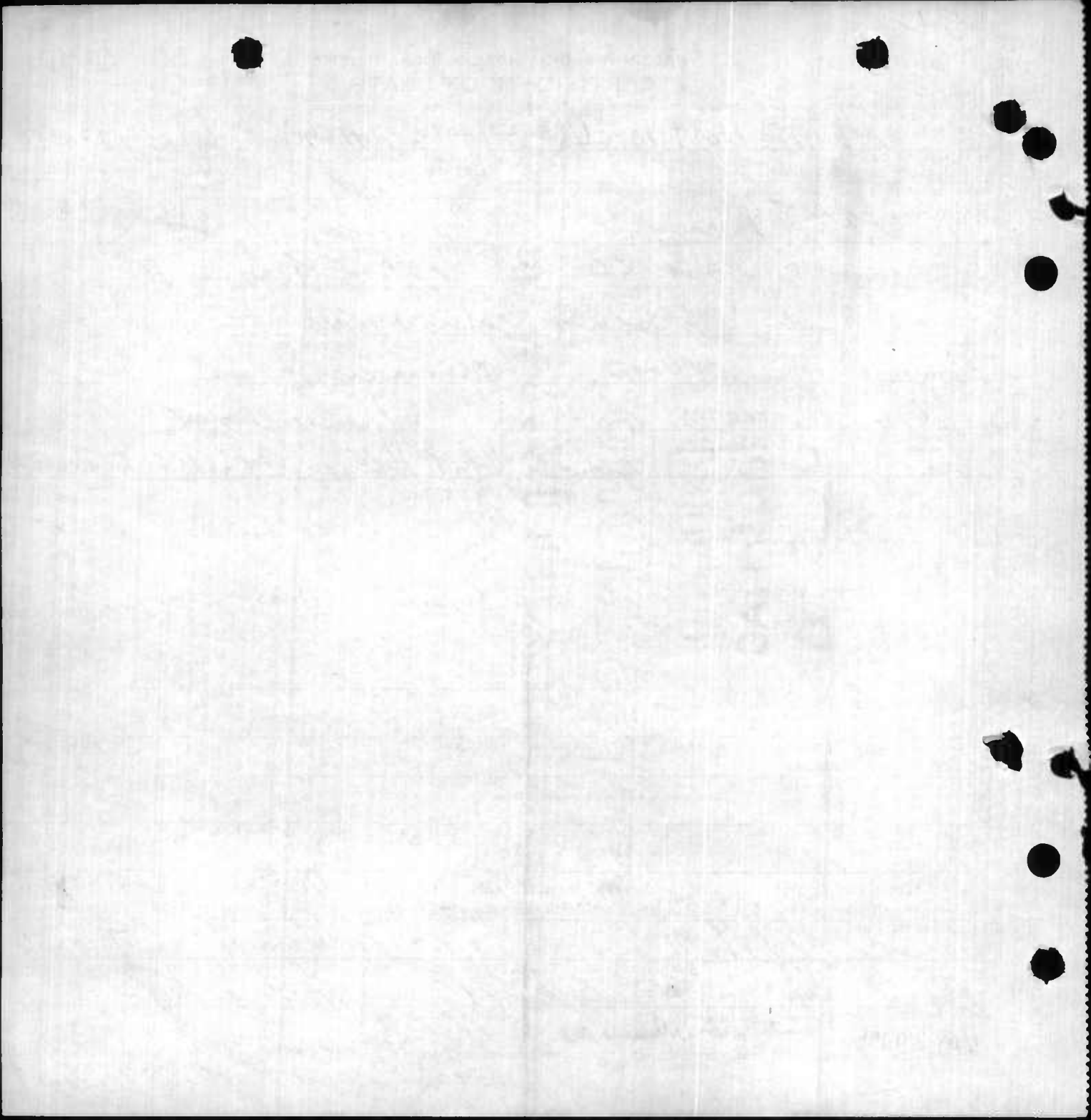
Huntington Williams, Jr.

25. FUNERAL DIRECTOR

J. Howard Evans

ADDRESS

927



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4841

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Salvatore Di Paula

2. DATE
OF
DEATH

May 27-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Md.

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION222 E. 39th St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

12-01

D. STREET ADDRESS (If rural, give location)

222 E. 39th St

c. Length of stay in Baltimore

60 yrs. Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan 23 1867

9. AGE (In years
last birthday)

83

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Sea Food Bus.

10B. KIND OF BUSINESS OR
INDUSTRY

Sea Food Bus.

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Carlo Di Paula

14. MOTHER'S MAIDEN NAME

Concetta Fulco

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Leannette Pombino 222 E. 39th St

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Myocardial Degeneration

3 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Myocardial Embolism

1 wk

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-45, 19, to 5-27-50, 19, that I last saw the
deceased alive on 5-26-50 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Jermann

23B. ADDRESS

M. D.

1710 E. 33rd St

23C. DATE SIGNED

5/28/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 30-50

24C. NAME OF CEMETERY OR CREMATORY

Balto. Cem.

24D. LOCATION (City, town, or county)

E North Ave Balto. Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 29 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H. Jermann, 1800 E. Lombard St

VS 150

937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

Dr. H. H. H. H.

1900

Dr. H. H. H. H.

1900

Dr. H. H. H. H.

1900

Dr. H. H. H. H.

1900

Dr. H. H. H. H.

1900

Dr. H. H. H. H.

1900

Dr. H. H. H. H.

1900

Dr. H. H. H. H.

1900

Dr. H. H. H. H.

1900

Dr. H. H. H. H.

1900

Dr. H. H. H. H.

1900

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **50 4842**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Roberta Queen

2. DATE
OF
DEATH

5/27/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Balto. City*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Bridge Race Track - Belvidere and Park Hts

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Hollins Ferry Rd

C. Length of stay in Baltimore

Not At All

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Arundle CO. Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Mathias

14. MOTHER'S MAIDEN NAME

Rossetta Brook

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Arthur Queen III Hollins Ferry Rd

18. *443X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Hypertensive C.V. disease*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Inspection* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

C. L. Sullivan

M.D.

23B. CHIEF MEDICAL EXAMINER ☐

ASSISTANT MEDICAL EXAMINER ☐

MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

5/28/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

5/30/1950

Mt Calvary Cem.

Brooklyn A.A.CO.MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 29 1950

Thurston Williams, Jr.

Elroy O. Wilson

1000 Brantly Ave

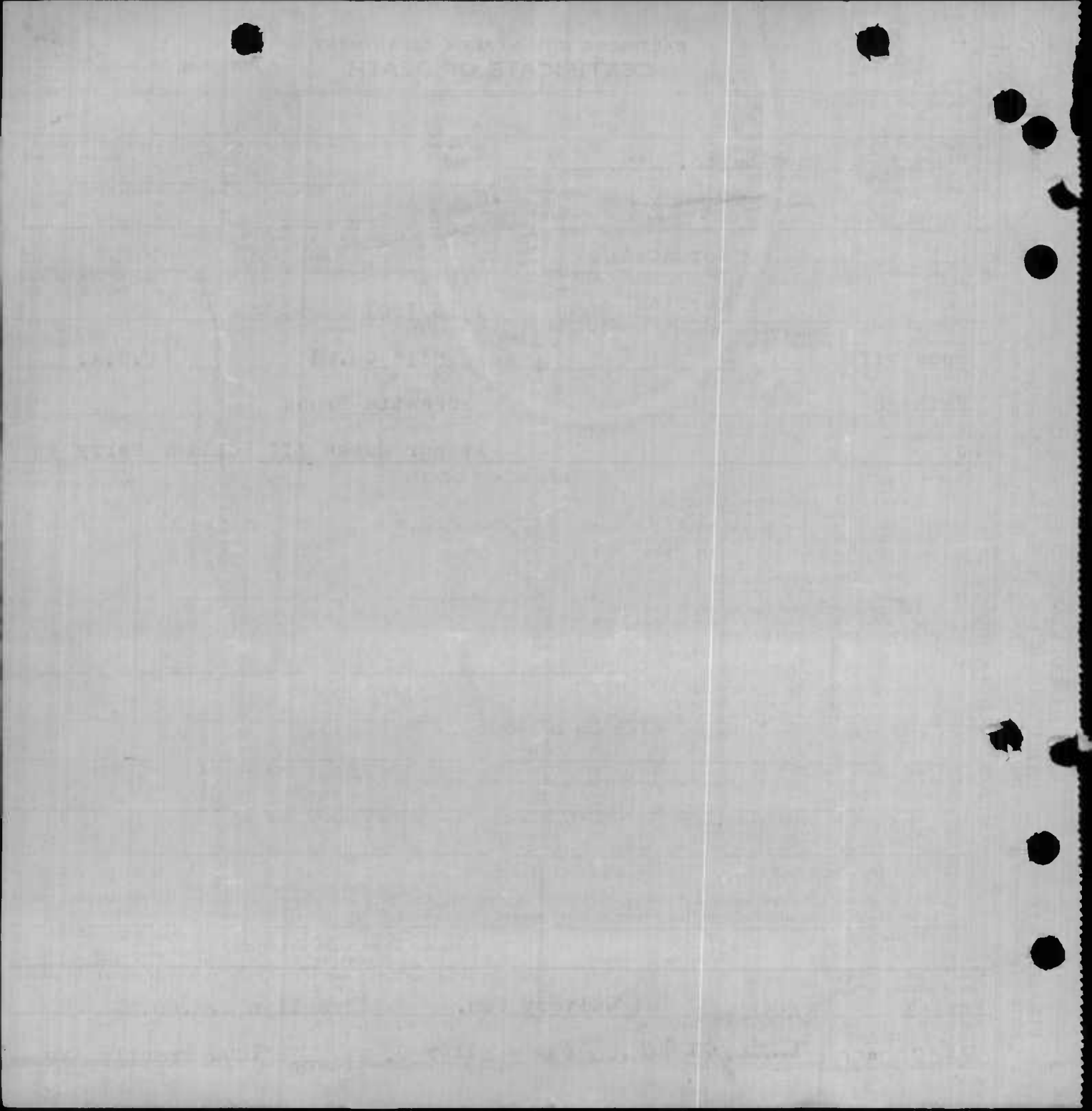
VS 151

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4843
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Carvel A. Reese

2. DATE
OF
DEATH

MAY 27, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND BALTO.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

DUNDALK

D. STREET ADDRESS (If rural, give location)

7314 MARTEL AVE.

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

DEC 20, 1905

9. AGE (In years
last birthday)

44

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

FOREMAN

10B. KIND OF BUSINESS OR
INDUSTRY

HOLTITE CO.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

VIRGIL REESEY

14. MOTHER'S MAIDEN NAME

PANSEY MAKIN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS. MARIAN REESEY 7314 MARTEL AVE.

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUPLICATE

ANTECEDENT CAUSES

(B)

DUPLICATE

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Inspection* thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: *natural causes* ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Carl H. Rogers M. D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

28 May 50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

5/30/50

24C. NAME OF CEMETERY OR CREMATORY

MORELAND MEM. PK.

24D. LOCATION (City, town, or county) (State)

BALTO. Co. MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

ROSEAN L. FISHER DUNDALK, MD.

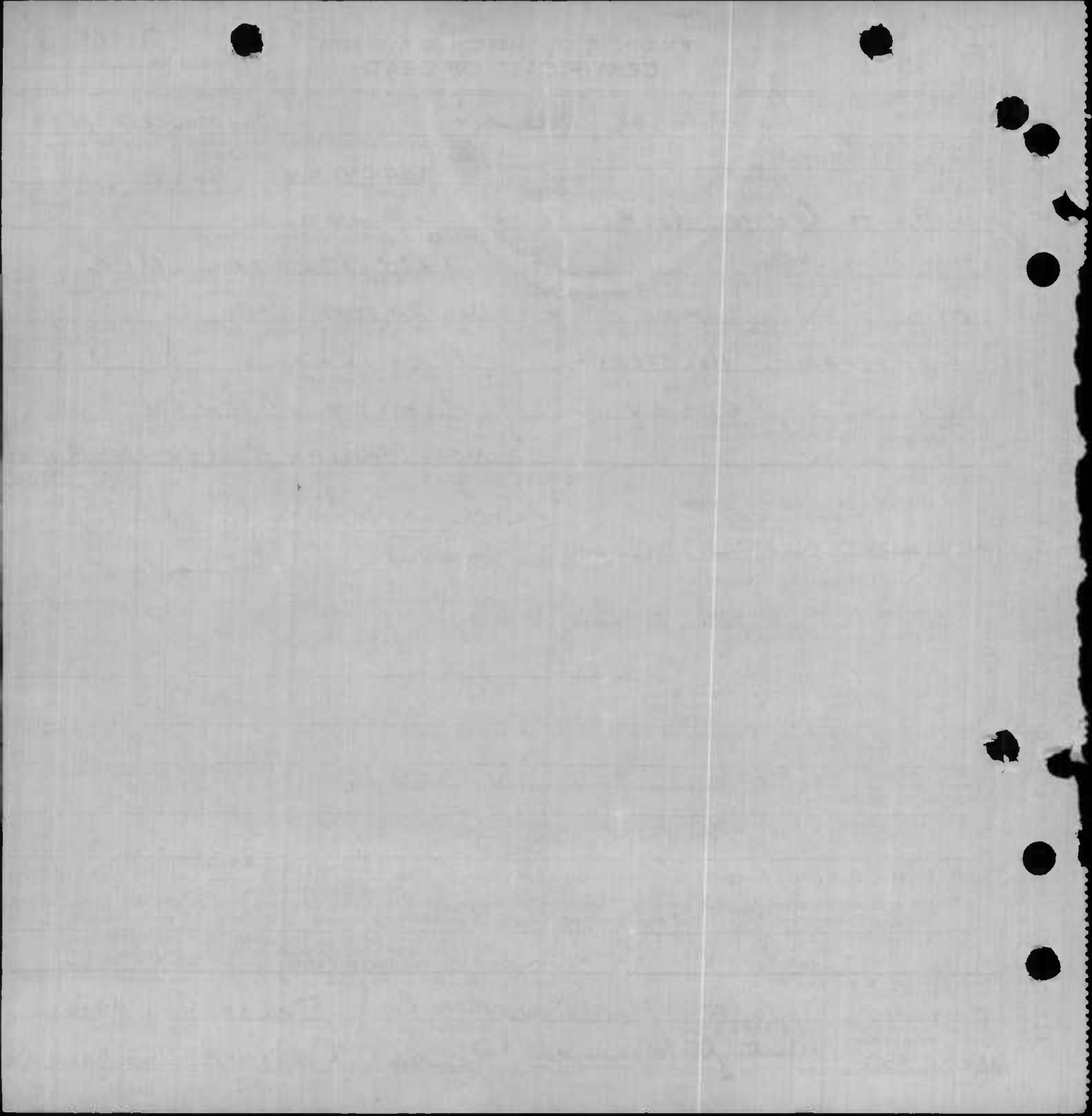
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4844

Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

ELIHU HOWARD

BLEVINS

2. DATE

OF DEATH

May 26, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Edgemere

5300

D. STREET ADDRESS (If rural, give location)

3103 Lynch Road

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

July 17, 1898

9. AGE (In years last birthday)

51

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

ROOFER

10B. KIND OF BUSINESS OR INDUSTRY

ROOFING (SELF)

11. BIRTHPLACE (State or foreign country)

VIRGINIA

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

LLOYD BLEVINS

14. MOTHER'S MAIDEN NAME

JANE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

YES

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

ELISE BLEVINS 3103 LYNCH RD.

18. **E902.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Fracture of skull**

DEBILITY

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) **Laceration of brain**

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

3103 Lynch Road, Edgemere, Md.

5300

21D. TIME (Month) (Day) (Year) (Hour)

5/26/50 10:30

A. m.

21E. INJURY OCCURRED

WHILE AT WORK ☒

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

Slipped and fell off roof 20' to ground

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and, from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

G. J. McClafferty

23B. CHIEF MEDICAL EXAMINER ☐

ASSISTANT MEDICAL EXAMINER ☐

MEDICAL INVESTIGATOR ☐

M.D.

23C. DATE SIGNED

5/27/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

5/30/50

24C. NAME OF CEMETERY OR CREMATORY

OAK LAWN CEM.

24D. LOCATION (City, town, or county)

BALTO. CO., MD.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 29 1950

REGISTRAR'S SIGNATURE

William H. Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

ROLAND L. FISHER DUNDALK, MD.

VS 151

N-803.2

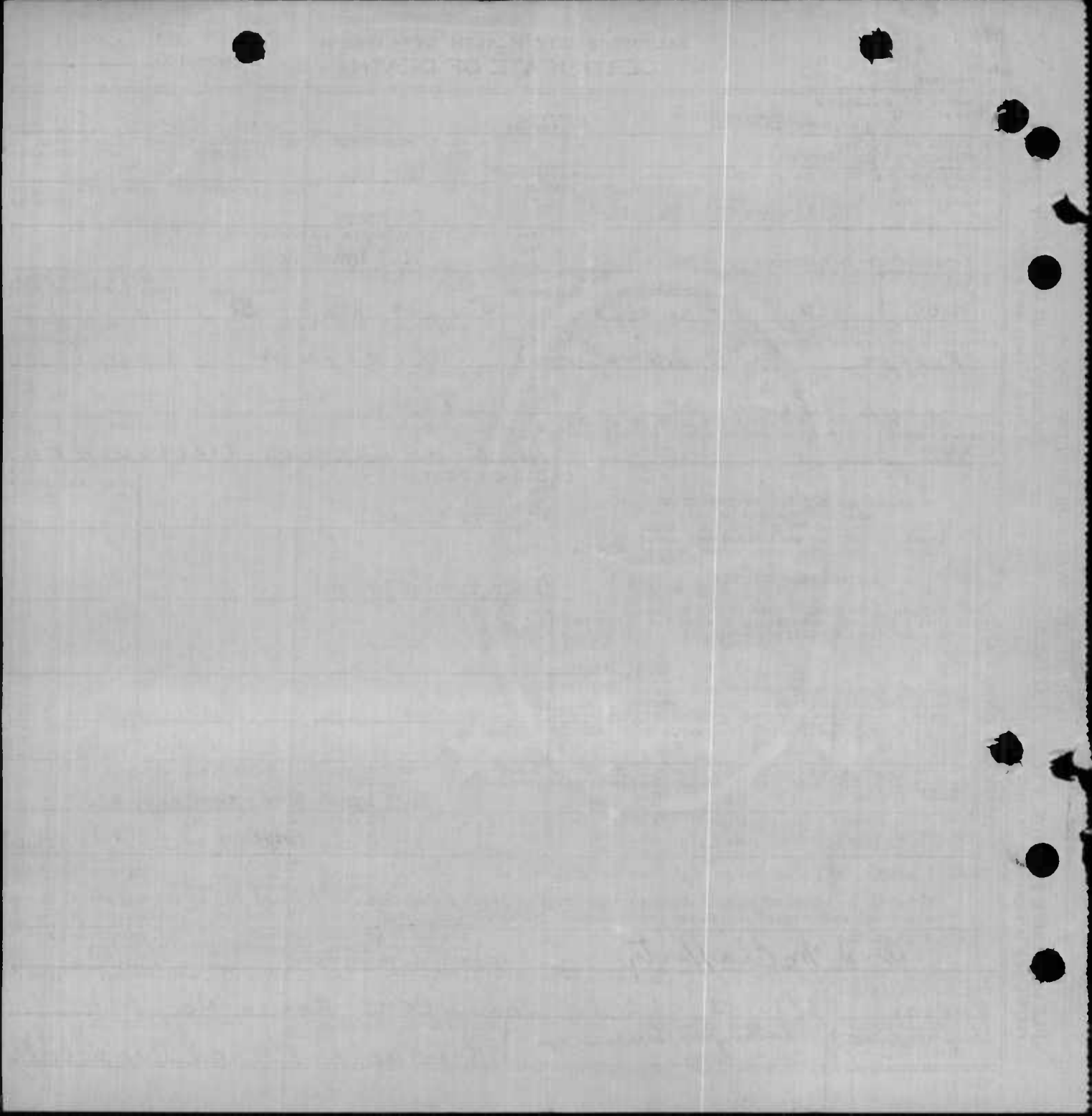
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✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4845
Registered No.W-320
50 4845
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Neva Hawkins Watts		2. DATE OF DEATH May 28, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY none	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Homewood Apartments Charles & 31st Sts.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-02	
c. Length of stay in Baltimore 23 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) Homewood Apartments, Charles & 31st Sts.	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 9, 1877
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 72
11. BIRTHPLACE (State or foreign country) Knoxville, Tenn.		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME Laura Ophelia Deady	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Joseph T. Watts		ADDRESS Homewood Apts., Balto., Md.	

18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Cerebral Thrombosis****1-2 days**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Arterio-sclerosis - myocardiopathy****Gradual**DUE TO **Hypertension**

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April 1950**, to **May 28, 1950**, that I last saw the deceased alive on **5-27, 1950**, and that death occurred at **12:20 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1403 Park Ave.**5-29-50**24A. BURIAL, CREMATION, REMOVAL (Specify)
burial

24B. DATE

5-30-50

24C. NAME OF CEMETERY OR CREMATORY

Saters Baptist Church

24D. LOCATION (City, town, or county)

Falls Rd., Balto. Co., Md.

(State)

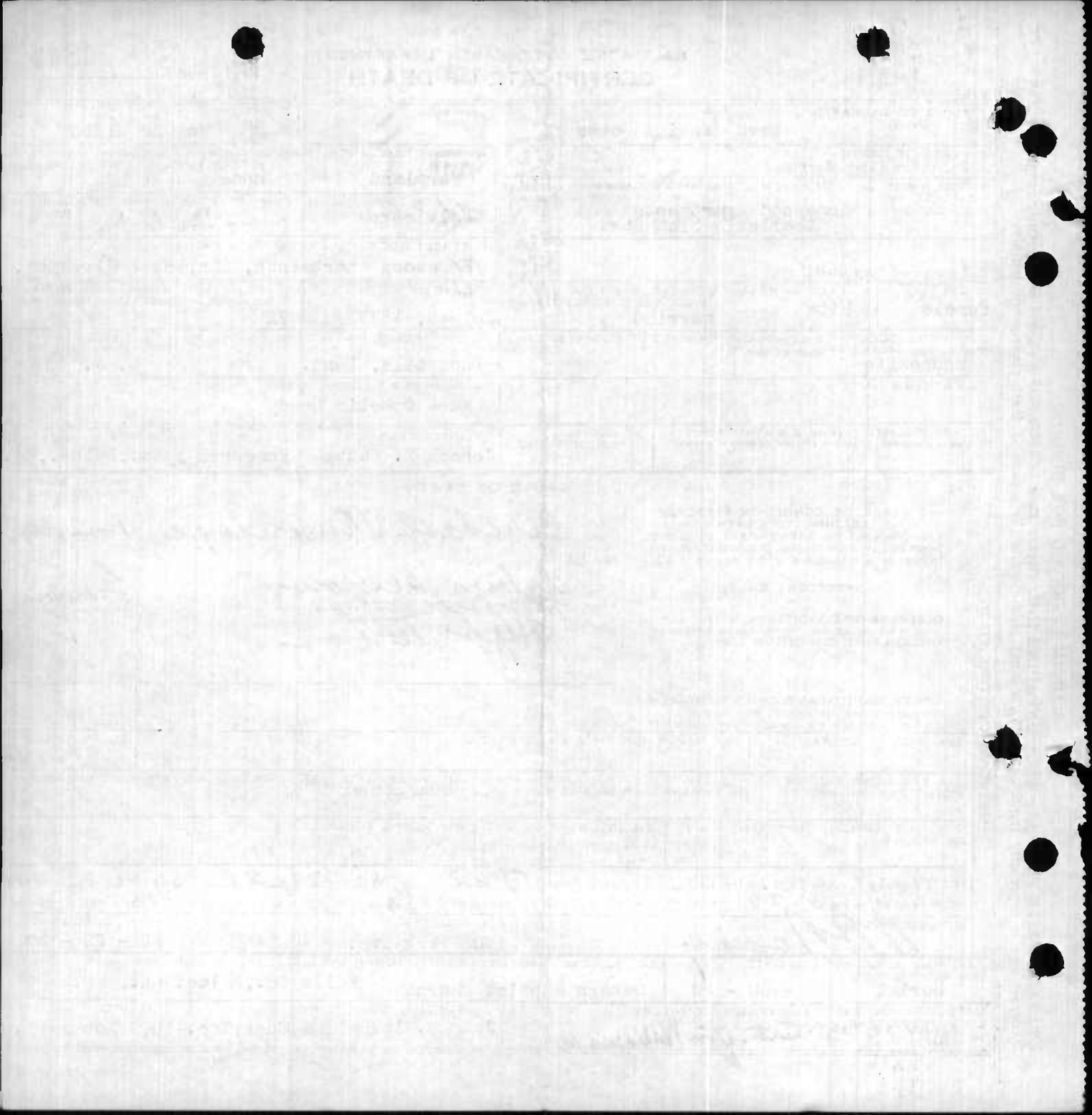
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 29 1950**William H. Williams, Jr.****John O. Mitchell & Sons, Inc., -1900 Eutaw Pl.**



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4846
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES S. LEDVENKA

2. DATE
OF
DEATH

May 29, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

435 N. Gay Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

male

white

71

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

MFG. ART. FLOWERS - SELF

11. BIRTHPLACE (State or foreign country)

BOHEMIA

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

CHARLES LEDVINKA

14. MOTHER'S MAIDEN NAME

NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

CHAS. LEDVINKA 435 N. GAY ST

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Arteriosclerotic cardiovascular
disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Bronchial asthma

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inq. & Inspec. thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

May 29, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

6-1-50

HOLY REDEEMER

BALTO. MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

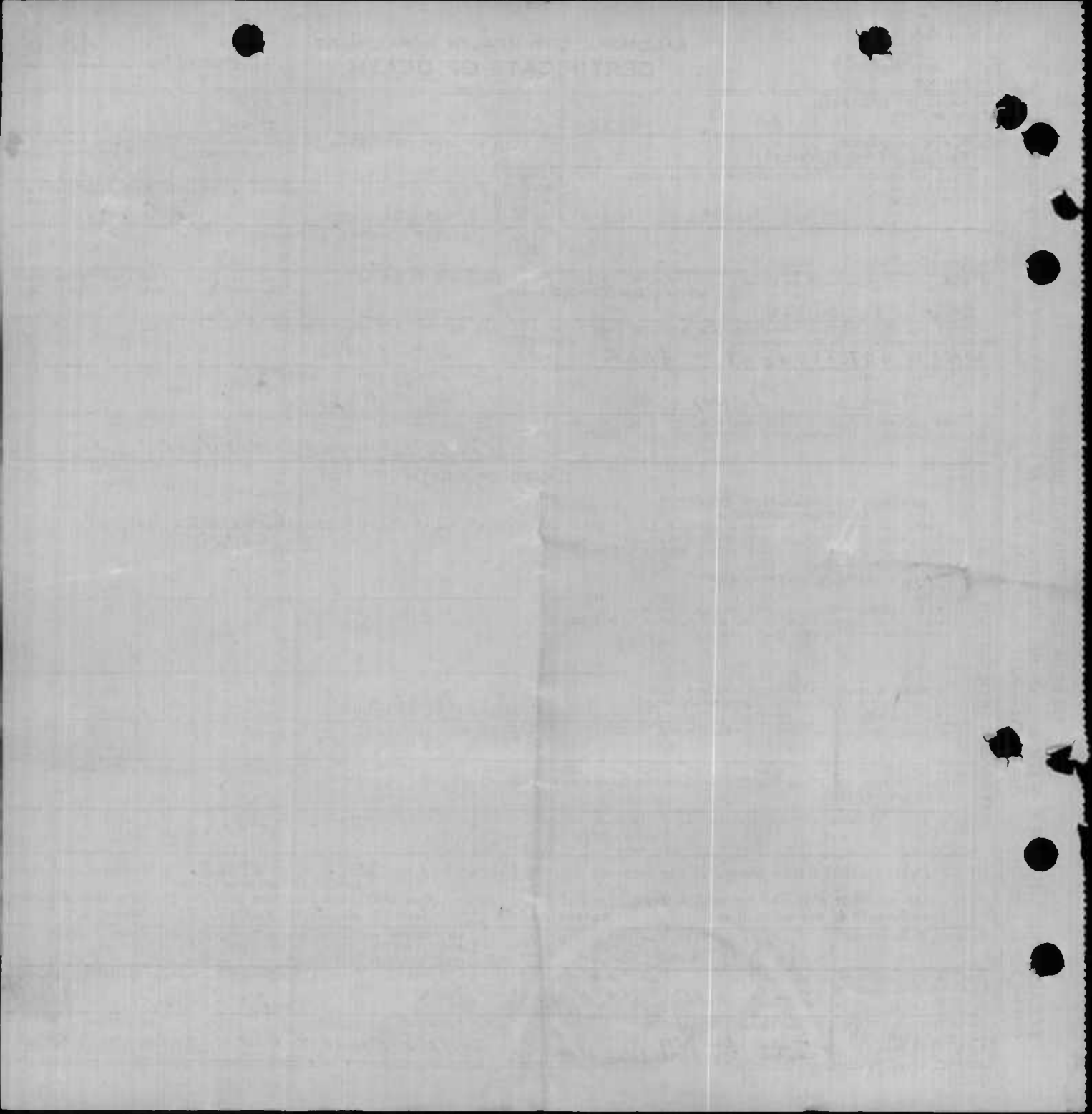
25. FUNERAL DIRECTOR

ADDRESS

MAY 30 1950

Huntington Williams, M.D.

FRANK CVACH & SON 900 N. CHESTER



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4847

Registered No. _____

BIRTH NO. _____			1. NAME OF DECEASED (Type or Print) CHRISTIAN A GREVE			2. DATE OF DEATH MAY 28, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland 1810 RAMSAY ST.			4. USUAL RESIDENCE (Where deceased lived. If institution! residence before admission) A. STATE MARYLAND B. COUNTY _____					
B. FULL NAME OF HOSPITAL OR INSTITUTION 1810 RAMSAY ST.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 19-04					
c. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 1810 RAMSAY ST.					
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG 4, 1879		9. AGE (in years last birthday) 70	10. Under 1 Year Months: _____ Days: _____	11. Under 24 Hours Hours: _____ Min: _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAPER HANGER			10B. KIND OF BUSINESS OR INDUSTRY SELF-EMPLOYED		11. BIRTHPLACE (State or foreign country) BALTIMORE		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME WILLIAM GREVE			14. MOTHER'S MAIDEN NAME MIMIE BRIETTENBACK					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.			16. SOCIAL SECURITY NO. NONE		17. INFORMANT MRS. CATHERINE GREVE			ADDRESS 1810 RAMSAY ST.
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis			CAUSE OF DEATH (A) _____ DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Degenerative C.V. Dis.			(B) _____ DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(C) _____					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 5-28 , 19 50 , to 5-28 , 19 50 , that I last saw the deceased alive on 5-28 , 19 50 , and that death occurred at 1:45 Pm. , from the causes and on the date stated above.								
23A. SIGNATURE Chas. E. Gw. Jr. M.D.			23B. ADDRESS 6007 York Rd.			23C. DATE SIGNED 5/29/50		
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE MAY 31, 1950		24C. NAME OF CEMETERY OR CREMATORY WESTERN CEMETERY		24D. LOCATION (City, town, or county) (State) BALTIMORE, Md.		
DATE RECEIVED BY LOCAL REGISTRAR MAY 30 1950		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Geo. L. Schwab		ADDRESS 2101 Frederick Ave		

340UG

937

STATE OF NEW YORK
CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
CAUSE OF DEATH		MANNER OF DEATH		OCCUPATION		EDUCATION		RELIGION		MARITAL STATUS	
SIGNATURE OF PHYSICIAN		SIGNATURE OF CORONER		SIGNATURE OF JUDGE		SIGNATURE OF CLERK		SIGNATURE OF WITNESS		SIGNATURE OF DECEASED	
DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4848
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nathan

2. DATE
OF
DEATH

May 29, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Mayland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

West Baltimore General

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

15-03

c. Length of stay in Baltimore

40 Yrs

D. STREET ADDRESS (If rural, give location)

1532 N. Smallwood St.

5. SEX
M

6. COLOR OR RACE
W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
Sept 14, 1889

9. AGE (In years
last birthday)

60

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, or in final illness)

Tailor Cleaning & Dressing

10B. KIND OF BUSINESS OR
INDUSTRY
Proprietor

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?
USA.

13. FATHER'S NAME

Abraham Love

14. MOTHER'S MAIDEN NAME

Celia ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs Ray Love 1532 N Smallwood St

ADDRESS

18.

201X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hodgkin's disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

RS Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

May 29, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

May 30, 1950

24C. NAME OF CEMETERY OR CREMATORY

Mickro Kodesh Cong Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md

ADDRESS 1126

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington Williams

25. FUNERAL DIRECTOR

Sol Giveman + Ben W North

VS 151

36065

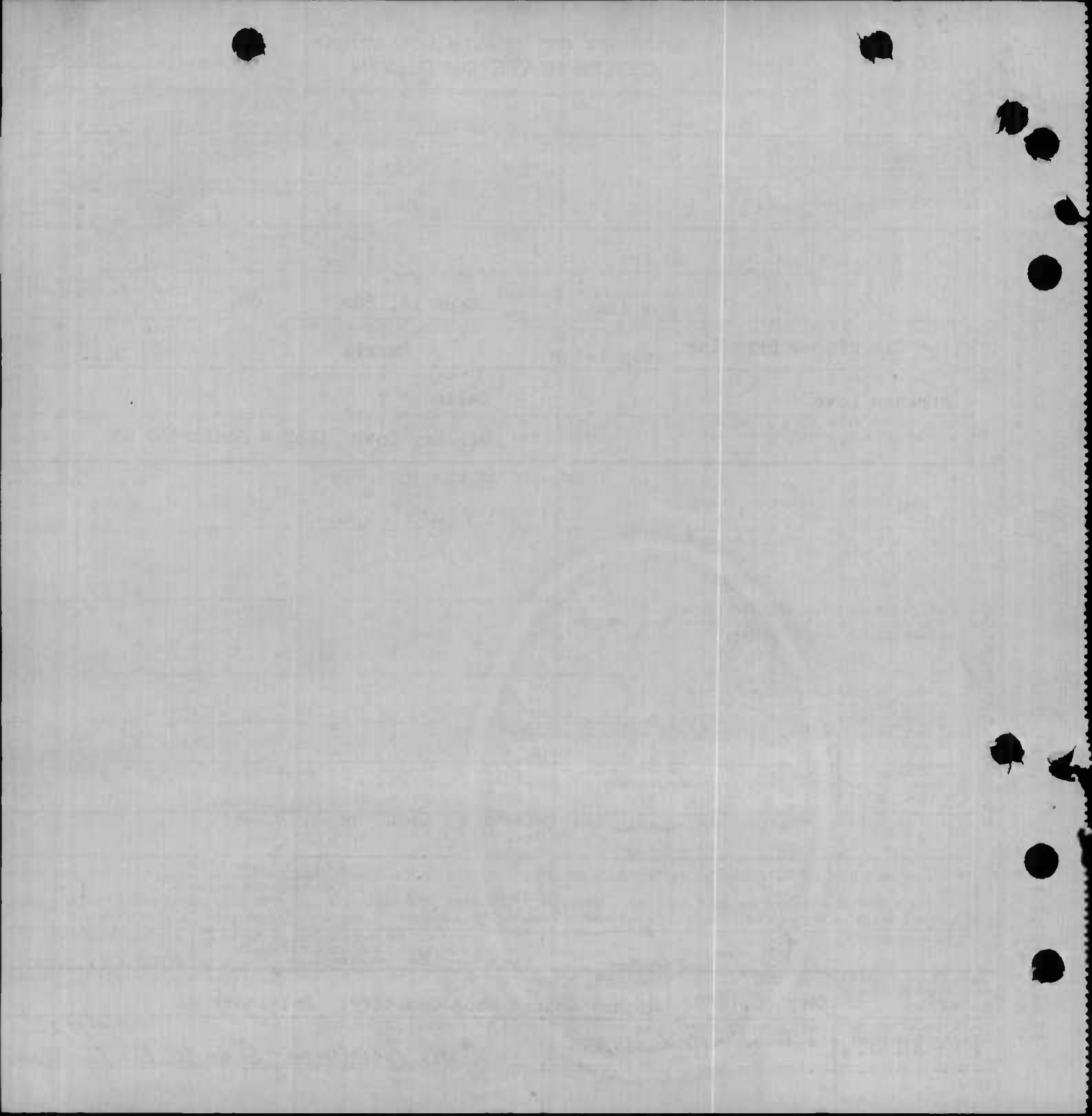
44B

✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

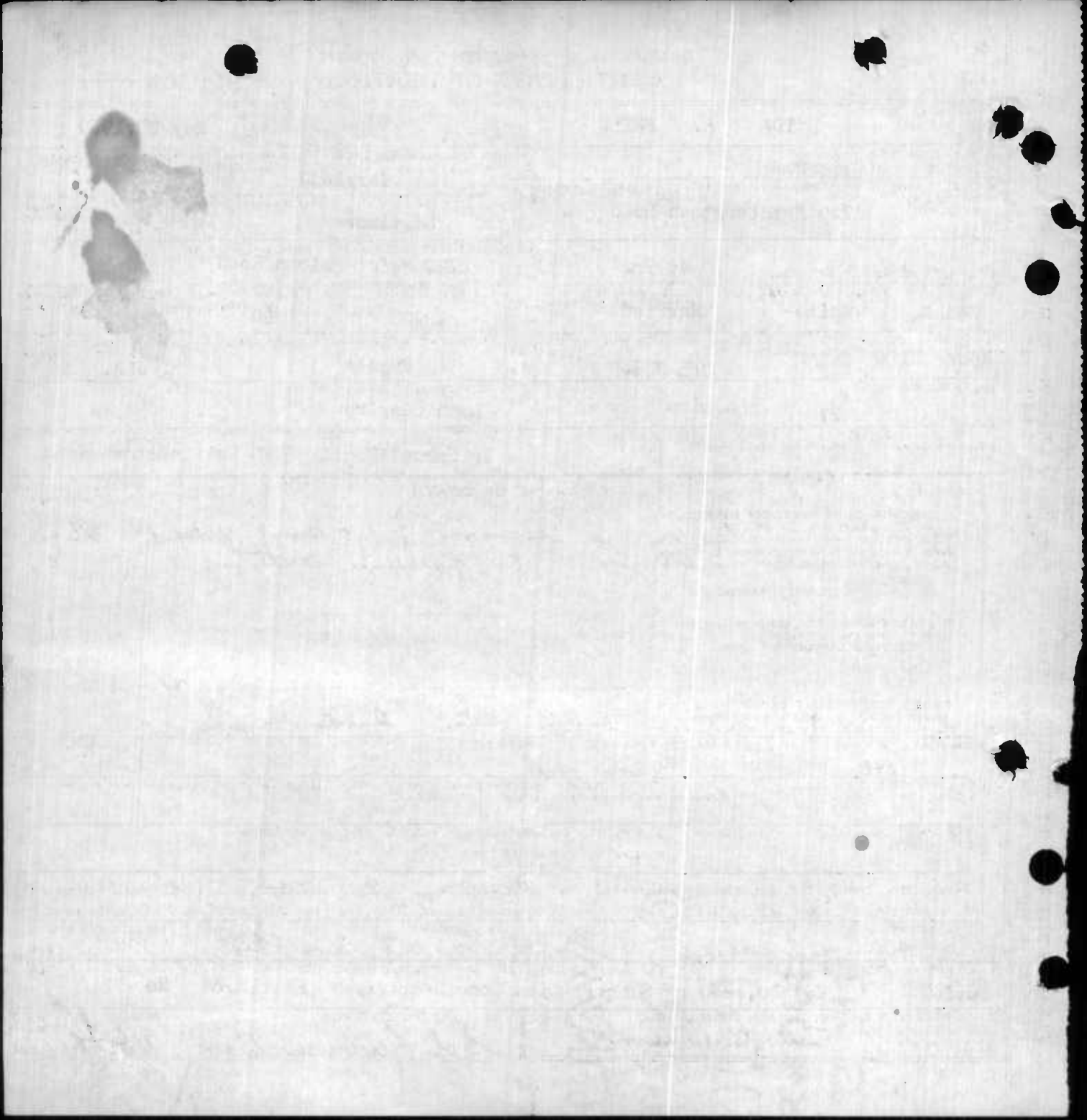
50 4849
Registered No.

630
50 4849
BIRTH NO.

1. NAME OF DECEASED (Type or Print) IDA R. FREED			2. DATE OF DEATH May 29, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) 3720 Reisterstown Road			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 15-12		
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			D. STREET ADDRESS (If rural, give location) 3720 Reisterstown Road		
c. Length of stay in Baltimore 40 Yrs Yrs. Mos. Days					
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1890	9. AGE (In years, last birthday) 60	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife			10B. KIND OF BUSINESS OR INDUSTRY Own Home		
11. BIRTHPLACE (State or foreign country) Russia			12. CITIZEN OF WHAT COUNTRY? USA.		
13. FATHER'S NAME ?? Shapiro			14. MOTHER'S MAIDEN NAME Lesh Shapiro		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mr Samuel Freed			ADDRESS 3720 Reisterstown Road		

18. 170 x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of left Breast, postoperative (A) DUE TO E. postoperative metastases			INTERVAL BETWEEN ONSET AND DEATH 3 1/2 years		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes mellitus; Diabetes Insipidus (C)					
19A. DATE OF OPERATION 1946		19B. MAJOR FINDINGS OF OPERATION adenocarcinoma		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from October , 19 49 to May , 19 50 , that I last saw the deceased alive on May 28 , 19 50 , and that death occurred at 4 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Samuel Freed		23B. ADDRESS Medical Arts Bldg		23C. DATE SIGNED May 29 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 30, 1950		24C. NAME OF CEMETERY OR CREMATORY Sharrei Zion Cong Cemetery	
24D. LOCATION (City, town, or county) Baltimore Md		25. FUNERAL DIRECTOR Sol Lewinson & Bros		ADDRESS 126 W. North Ave	

(My friend Sol Lewinson M.D.)



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4850
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

William Samler

2. DATE
OF
DEATH

May 29, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland **3706 Nortonia Rd.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION **Mount Nursing Home**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
900 Cathedral Street

c. Length of stay in Baltimore **Life**

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Aug. 2, 1888

9. AGE (In years, last birthday)

61

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Proprietor

10B. KIND OF BUSINESS OR INDUSTRY
Used Machinery

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?
USA.

13. FATHER'S NAME

Isidore Samler

14. MOTHER'S MAIDEN NAME

Elizabeth Franklin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Lee F. Samler - 3604 Hilton Street

18. **420.1 I**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH
35 minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

**Chronic Coronary Insufficiency
degenerative Cardio-vascular
disease associated with
arteriosclerosis**

one year

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **1949**, to **5-29**, 1950, that I last saw the deceased alive on **5-27**, 1950, and that death occurred at **321 A** m., from the causes and on the date stated above.

23A. SIGNATURE

R. G. Johnson

M. D.

23B. ADDRESS

1109 N. Calver St

23C. DATE SIGNED

5-29-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-30-50

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Hebrew

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 30 1950

REGISTRAR'S SIGNATURE

Wilmington Williams, Jr.

25. FUNERAL DIRECTOR

Sol. Limon & Bros.

ADDRESS

1124-26 W. North Ave.

VS 150

15660

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correctness of the information is especially important. Physicians: please write the causes of death clearly and legibly.

3706 *Hortonia* R.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4851
Registered No. _____

BIRTH NO. _____

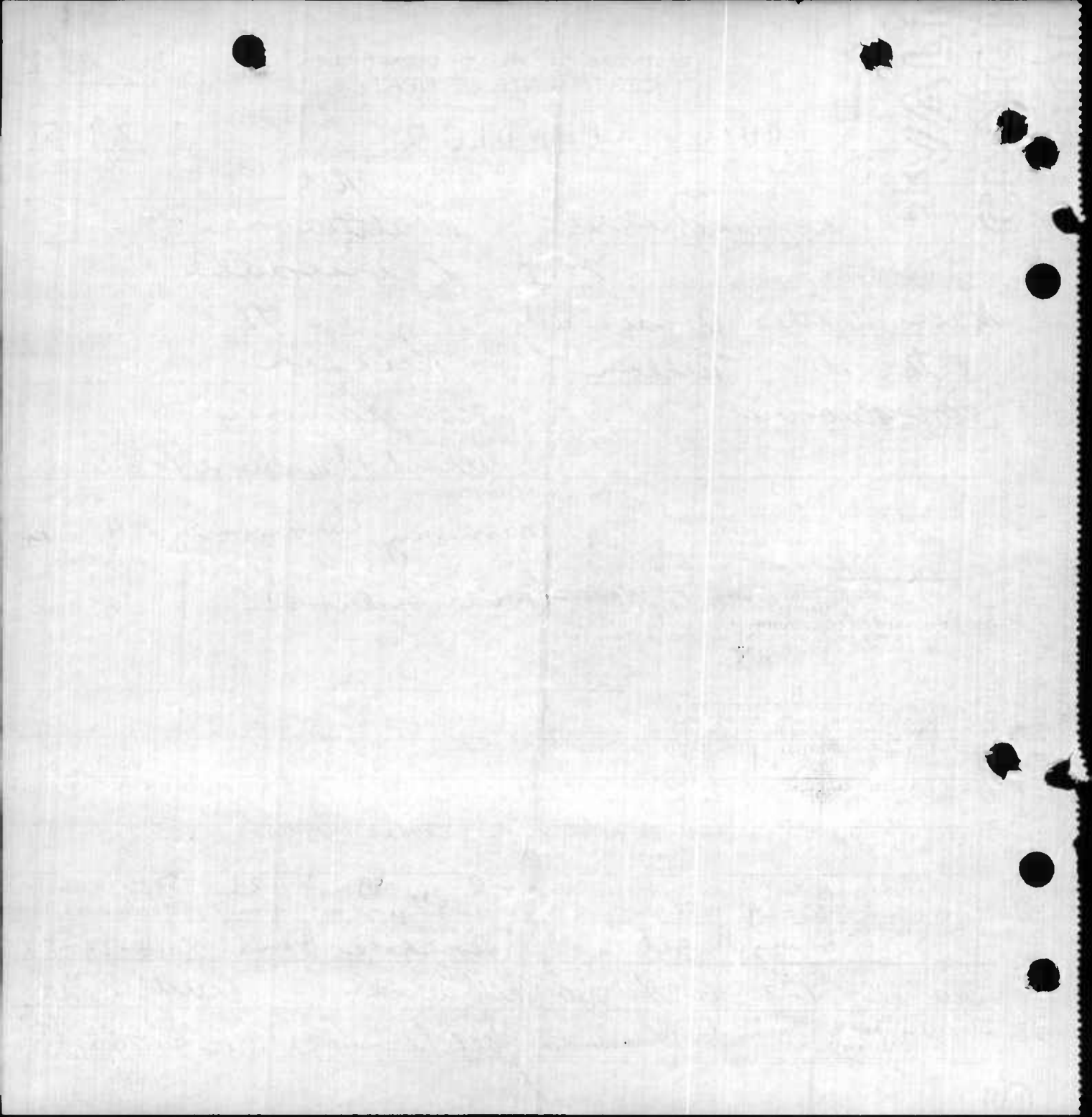
1. NAME OF DECEASED (Type or Print) LOUIS CHANDLER			2. DATE OF DEATH 5-29-50		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION Levindale			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-15		
C. Length of stay in Baltimore 7 Yrs. 2 Mos. 2 Days			D. STREET ADDRESS (If rural, give location) Levindale		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 7-6		9. AGE (In years last birthday) 76
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired			10B. KIND OF BUSINESS OR INDUSTRY Tailor		11. BIRTHPLACE (State or foreign country) Russia
13. FATHER'S NAME Not Known			14. MOTHER'S MAIDEN NAME Not Known		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Richard Chandler 2140 E. Oliver	

18. 420.1.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 4 hours years
(A) DUE TO Anteriosclerosis		
(B) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-8 , 19 49 to 5-29 , 19 50 , that I last saw the deceased alive on 5-29 , 19 50 , and that death occurred at 4:30 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Henry Nagel		23B. ADDRESS Levindale Home		23C. DATE SIGNED 5-29-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-30-50		24C. NAME OF CEMETERY OR CREMATORY Hebrew Mt Carmel	
24D. LOCATION (City, town, or county) (State) Fall Pate Md		25. FUNERAL DIRECTOR ADDRESS Jack Lewis, Inc 2100 Eutan Rd			
DATE RECEIVED BY LOCAL REGISTRAR MAY 30 1950		REGISTRAR'S SIGNATURE Wilmington Williams, Jr			

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4852

Registered No. _____

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Irene C. Griffith

2. DATE
OF
DEATH

5/28/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

00

2656 Harlem Ave. Balto.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

16-06

D. STREET ADDRESS (If rural, give location)

2656 Harlem Ave. Balto, Md.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

11/21/1875

9. AGE (In years last birthday)

74

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Alexander Weckert

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs. Carl Scheffel 2656 Harlem Ave.

18. **175X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

malignant - (poss. ovary)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

General arteriosclerosis

(C)

Arteriosclerosis (Heart disease)

INTERVAL BETWEEN ONSET AND DEATH

Approx. 3 mo.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **9-7-42** to **5-28**, 19**50** that I last saw the deceased alive on **5-27-50**, 19**50**, and that death occurred at **11:45 PM**, from the causes and on the date stated above.

23A. SIGNATURE

Harry S. Lempel

M. D.

23B. ADDRESS

2703 Edmondson

23C. DATE SIGNED

5-28-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/31/50

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

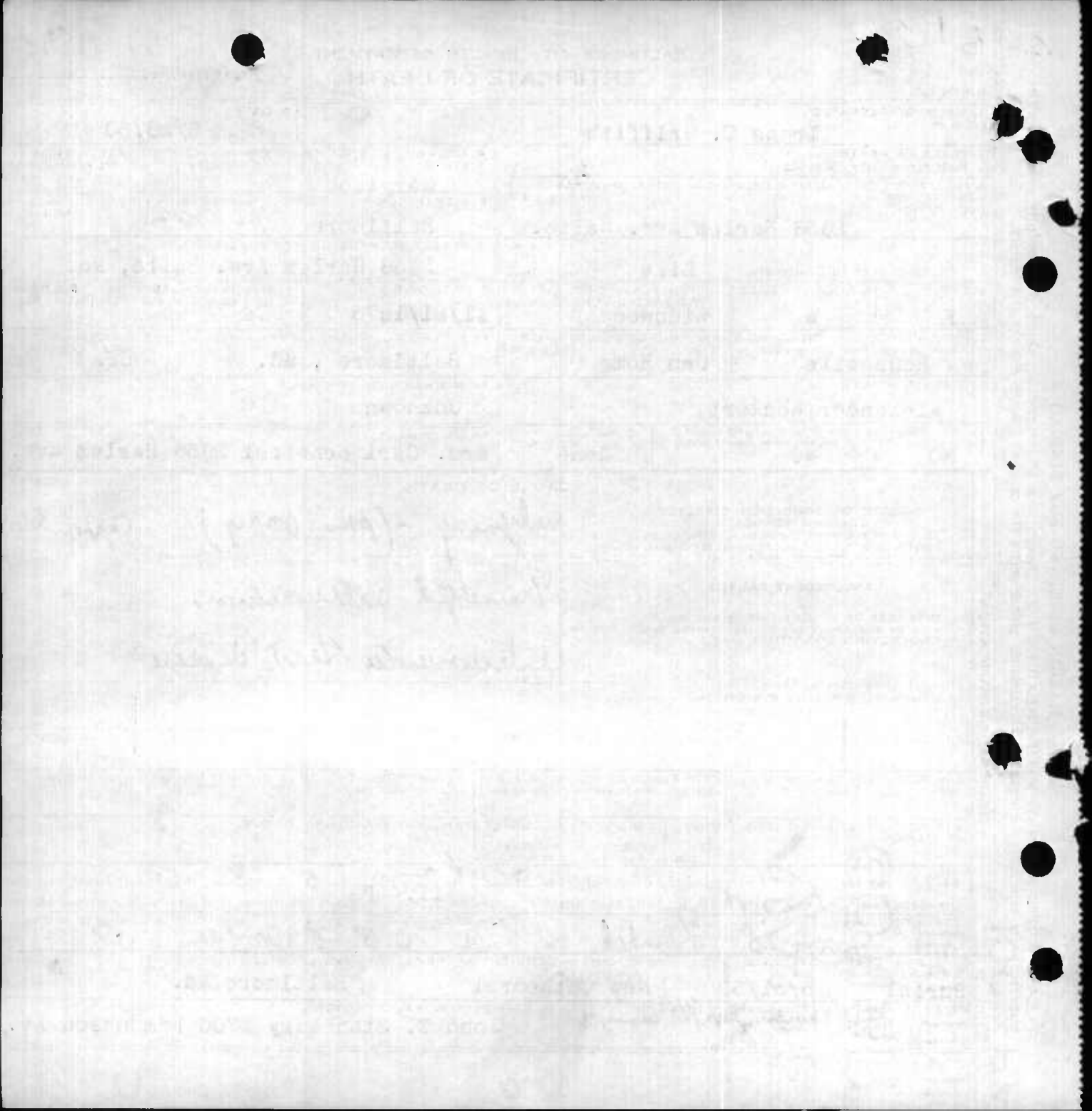
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John T. Stansbury 2700 Edmondson Av.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4853

Registered No. _____

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Knell, Mrs Lillian

2. DATE
OF
DEATH

29 May 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Church Home & Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

27-14

c. Length of stay in Baltimore

6 1/2

Yrs.
Mos.
Days

O. STREET ADDRESS (If rural, give location)

324 Hawthorne Road

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

13 Aug 1884

9. AGE (In years last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Companion

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles E. Cassell

14. MOTHER'S MAIDEN NAME

Julia C. Foreman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

R. Stansfield

18. 757.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

96 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) Polycystic Kidneys

life

(C) Polycystic liver

life

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Multiple abdominal abscesses.

2 months

19A. DATE OF OPERATION

11 May 1950

19B. MAJOR FINDINGS OF OPERATION

Incision & drainage of perinephritic abscess.

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 April, 1950, to 29 May, 1950, that I last saw the deceased alive on 29 May, 1950, and that death occurred at 10:22 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Wayne H. Jacobus, M.D.

23B. ADDRESS

M. D. Church Home & Hospital

23C. DATE SIGNED

29 May 50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/1/50

24C. NAME OF CEMETERY OR CREMATORY

Thurmont Cem.

24D. LOCATION (City, town, or county)

Thurmont

DATE RECEIVED BY LOCAL REGISTRAR

MAY 30 1950

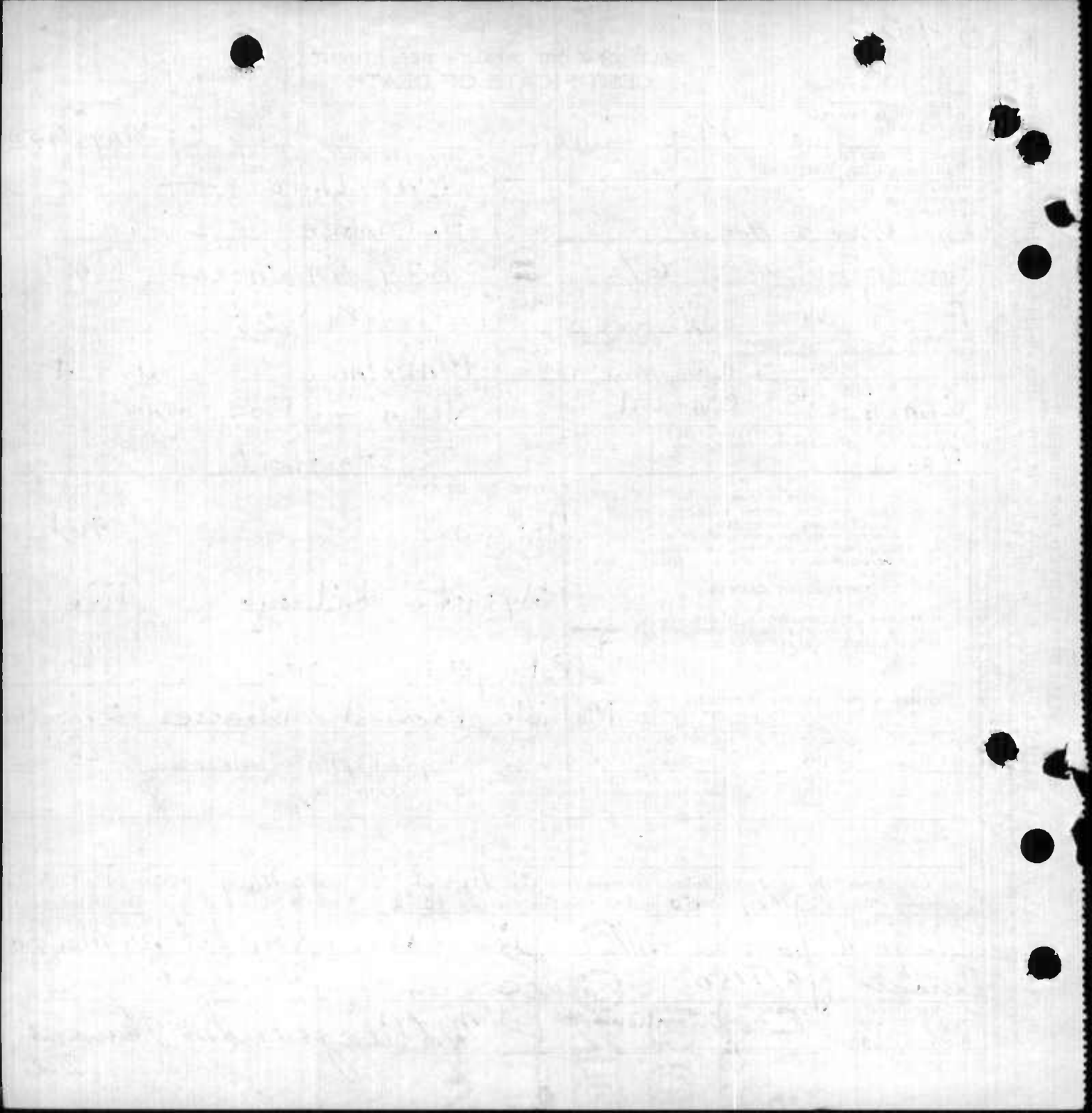
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

M. J. Leager, Son Thurmont



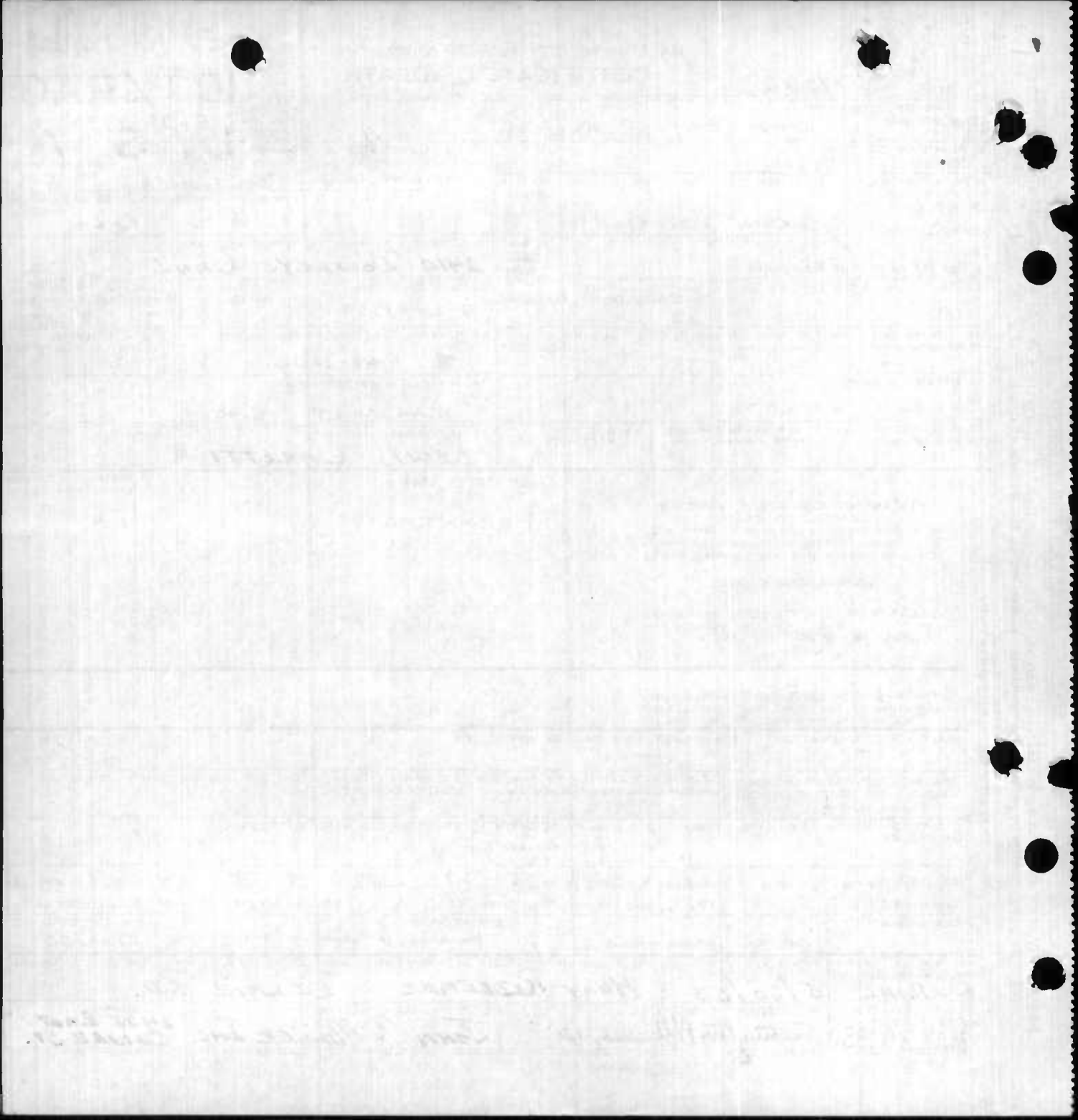
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4854
Registered No.

BIRTH NO. 50-10627

1. NAME OF DECEASED (Type or Print) BABY BOY CARETTI			2. DATE OF DEATH 5-28-1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
B. FULL NAME OF HOSPITAL OR INSTITUTION MARYLAND GENERAL HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 26-02		
C. Length of stay in Baltimore 1 <small>Yes. Mon. Days</small>			D. STREET ADDRESS (If rural, give location) 2410 BOWLEYS LANE		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 5-28-1950	9. AGE (In years last birthday) -	10. Under 1 Year Months: Days -
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -		10B. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME LEWIS CARETTI			14. MOTHER'S MAIDEN NAME MARGARET RUDDY		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. -	17. INFORMANT LEWIS CARETTI		ADDRESS

18. 776.X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(A) PREMATURITY		DUE TO		
ANTECEDENT CAUSES		(B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		
(C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION 5/30/50		19B. MAJOR FINDINGS OF OPERATION -		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) -
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY -		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? -
22. I hereby certify that I attended the deceased from 5-28 , 19 50 , to 5-28 , 19 50 , that I last saw the deceased alive on 5-28 , 19 50 , and that death occurred at 7 A m., from the causes and on the date stated above.				
23A. SIGNATURE George Bronoa		23B. ADDRESS Maryland General Hospital		23C. DATE SIGNED 5/30/50
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 5/30/50	24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER	24D. LOCATION (City, town, or county) (State) BELAIR RD.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 30 1950		REGISTRAR'S SIGNATURE Wilmington Williams, MD		25. FUNERAL DIRECTOR JOHN C. MILLER, INC.
				ADDRESS 3435 EAST OLIVER ST.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4855
Registered No. 50 4855

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SHIRLEY ANN WILLIAMS

2. DATE
OF
DEATH

MAY 29, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

38 UNIVERSITY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

VIRGINIA

Accomac

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

RURAL

V-43

D. STREET ADDRESS (If rural, give location)

WITAMS

c. Length of stay in Baltimore

3

5. SEX

FEMALE COLORED

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

MARCH 4, 1946

9. AGE (In years last birthday)

4

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CHILD

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

VIRGINIA

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

RANDOLPH DIXON WILLIAMS

14. MOTHER'S MAIDEN NAME

CORINNE SPENCE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

FATHER WITAMS P.O., VIRGINIA

ADDRESS

18. 180 X 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) WILMS TUMOR

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

5 1/2 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

FEB 1950

19B. MAJOR FINDINGS OF OPERATION

left upper quadrant necrotic mass

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 20, 1950, to May 29, 1950, that I last saw the deceased alive on May 29, 1950, and that death occurred at 330 An., from the causes and on the date stated above.

23A. SIGNATURE

James Smiley

23B. ADDRESS

University Hospital

23C. DATE SIGNED

May 29, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 2, 1950

24C. NAME OF CEMETERY OR CREMATORY

Accomac State

24D. LOCATION (City, town, or county)

Accomac Va

DATE RECEIVED BY LOCAL REGISTRAR

MAY 30 1950

REGISTRAR'S SIGNATURE

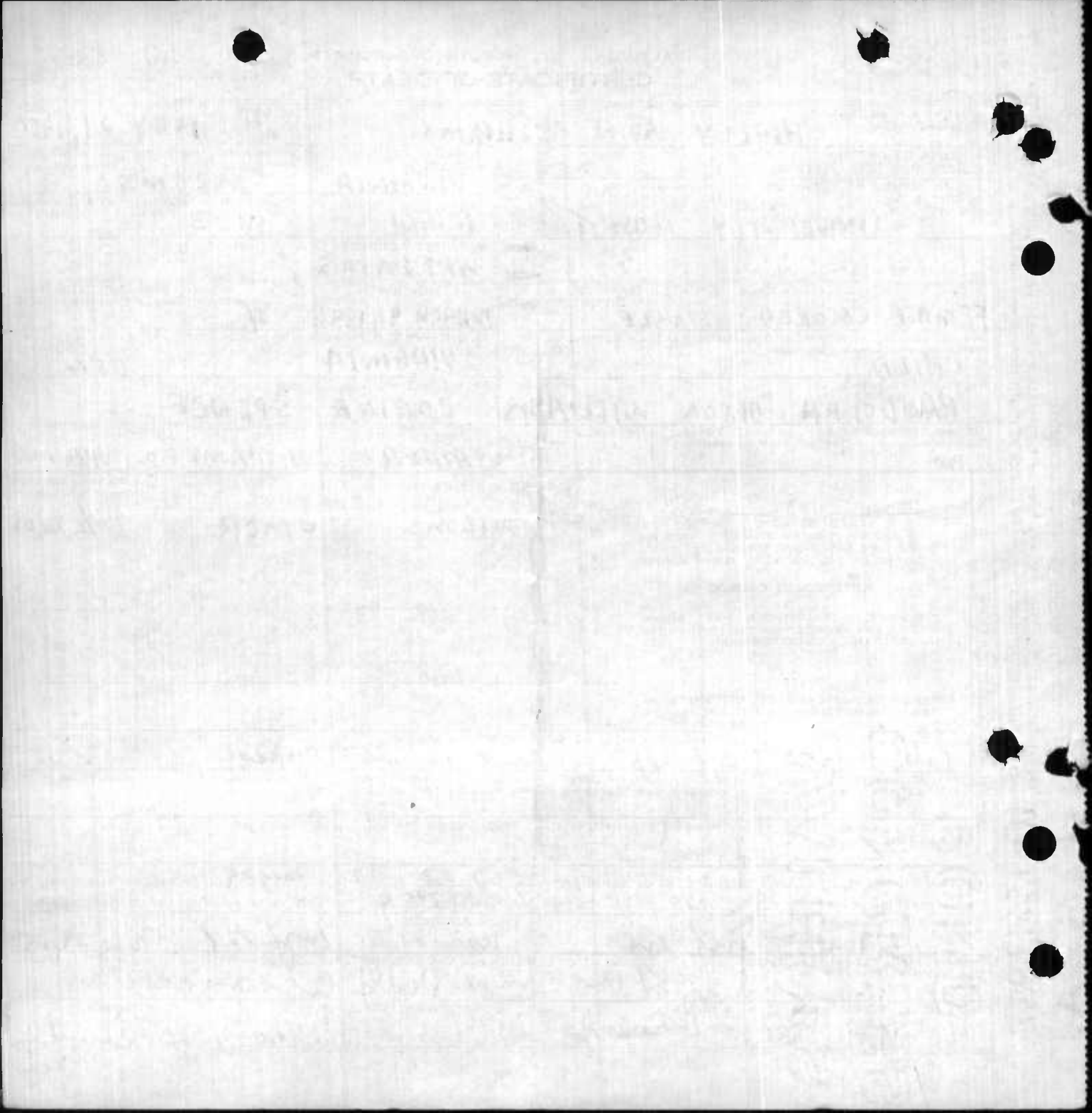
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Shoy Wilson/000 Krently

ADDRESS

52a cue



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4856

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James J. Lynch

2. DATE
OF DEATH

May 28/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

4900 Old Frederick Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

4801 Coleherne Rd

c. Length of stay in Baltimore

60 yrs

5. SEX

Male

6. COLOR OR RACE

"hite"

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 25, 1878

9. AGE (In years - last birthday)

71

If Under 1 Year: Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sexton

10B. KIND OF BUSINESS OR INDUSTRY

St. William's Church

11. BIRTHPLACE (State or foreign country)

Ma.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Lynch

14. MOTHER'S MAIDEN NAME

Mary----

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
220 12 9641

17. INFORMANT

Miss Eleanor Lynch, 4801 Coleherne Rd

18. **420.1**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Coronary occlusion**

DUPLICATE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Coronary artery disease**

DUPLICATE

(C) **Generalized arteriosclerosis**

INTERVAL BETWEEN ONSET AND DEATH

5 days

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5/28**, 19**50**, to **5/28**, 19**50**; that I last saw the deceased alive on **5/28**, 19**50**, and that death occurred at **1:15 P** m., from the causes and on the date stated above.

23A. SIGNATURE

James J. Nolan

23B. ADDRESS

5804 Edmondson A, Baltimore 29

23C. DATE SIGNED

5/29/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 31/50

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral 4300 Old Frederick Rd. Balto. 29, Md

24D. LOCATION (City, town, or county) (State)

Balto. 29, Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Harry A. Hutzler

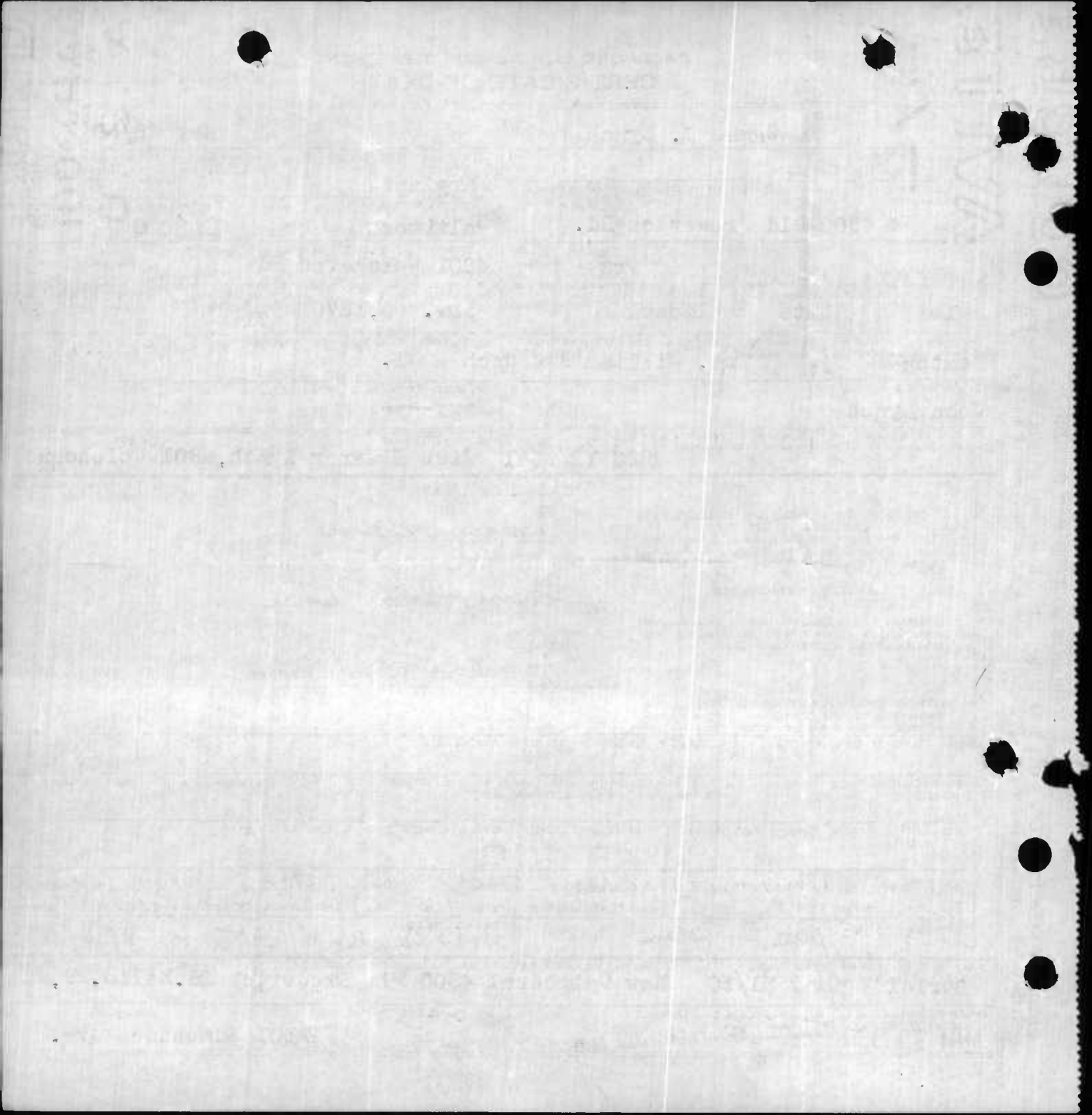
ADDRESS

4101 Edmondson Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **50 4857**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary C. Burleson

2. DATE
OF
DEATH

May 29, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

md.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

711 Bay St

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto

13-05

D. STREET ADDRESS (If rural, give location)

711 Bay St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

?

9. AGE (In years, last birthday)

83?

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

blanch F Burleson 3524 Warwick Rd.

18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Occlusion

1 hour

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Coronary atherosclerosis

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Jan 1948*, to *May 29, 1950* that I last saw the deceased alive on *May 29, 1950*, and that death occurred at *5:45 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Leonard Walenstein

M. D.

23B. ADDRESS

848 W 36 St.

23C. DATE SIGNED

5/30/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/1/50

24C. NAME OF CEMETERY OR CREMATORY

Pleasant Grove

24D. LOCATION (City, town, or county)

Albemarle, North Carolina

DATE RECEIVED BY LOCAL REGISTRAR

MAY 30 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

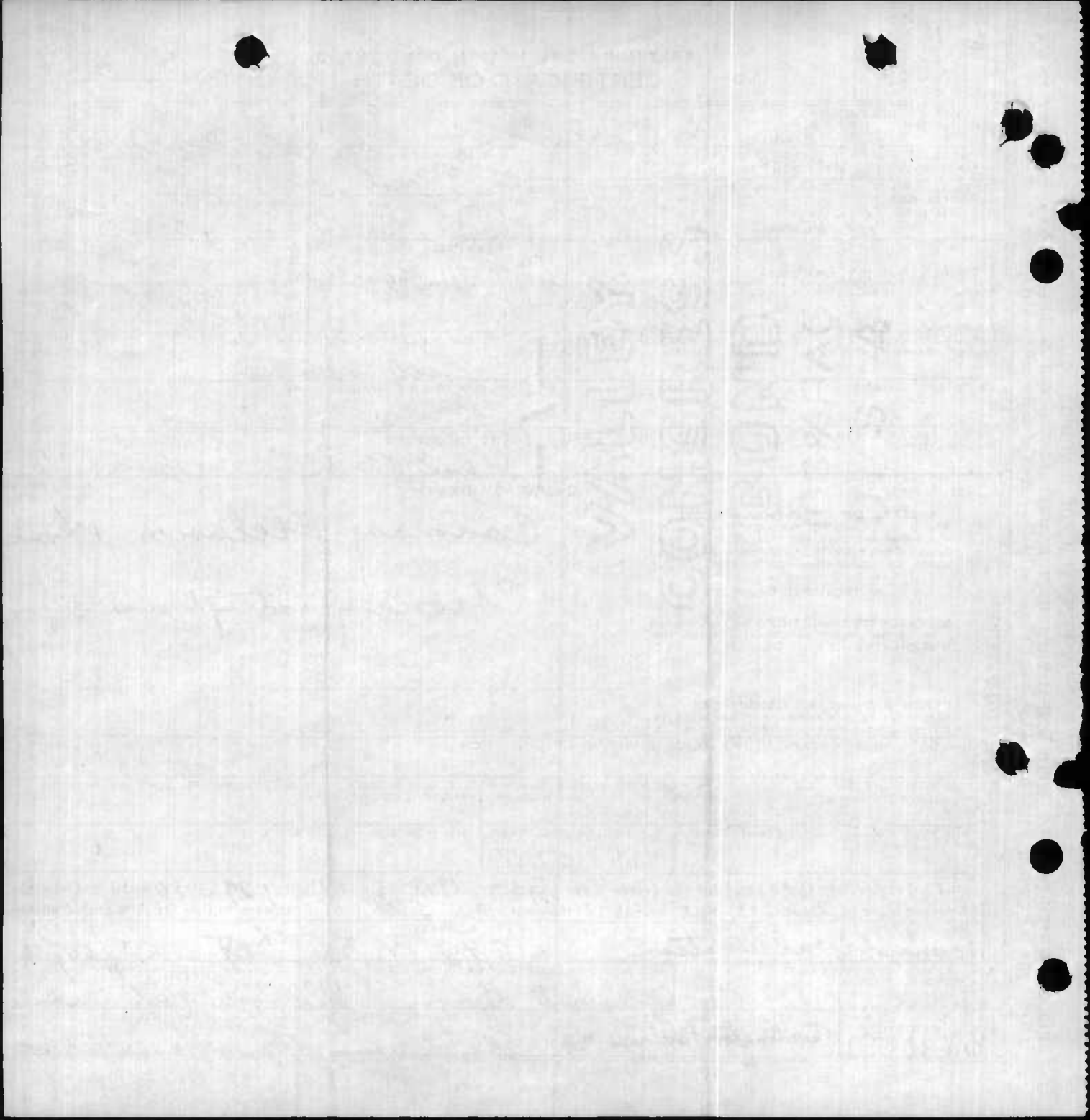
Paul C. Schenck 3615 17 Chestnut Ave.

VS 150

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 4858

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dezes, Mr. Alexander

2. DATE
OF
DEATH

May 27, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Church Home & Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

23-01

c. Length of stay in Baltimore

42

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1214 S. Charles St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 6, 1892 58

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)

Restuarant

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Greece

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Dezes, Mr. Louis

14. MOTHER'S MAIDEN NAME

Pantziatos, Mrs. Stella

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Dezes, Mrs. Helen 1214 S. Charles St. Baltimore

18.

443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardio-

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

8 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) vascular Disease

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May 26, 1950 to May 27, 1950, that I last saw the deceased alive on May 27, 1950, and that death occurred at 10:55 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Ronald J. Stentz

M.D.

23B. ADDRESS

Church Home & Hosp.

23C. DATE SIGNED

May 27, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

5/30/50

24C. NAME OF CEMETERY OR CREMATORY

GREEK ORTHODOX

24D. LOCATION (City, town, or county)

Baltimore Co.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 30 1950

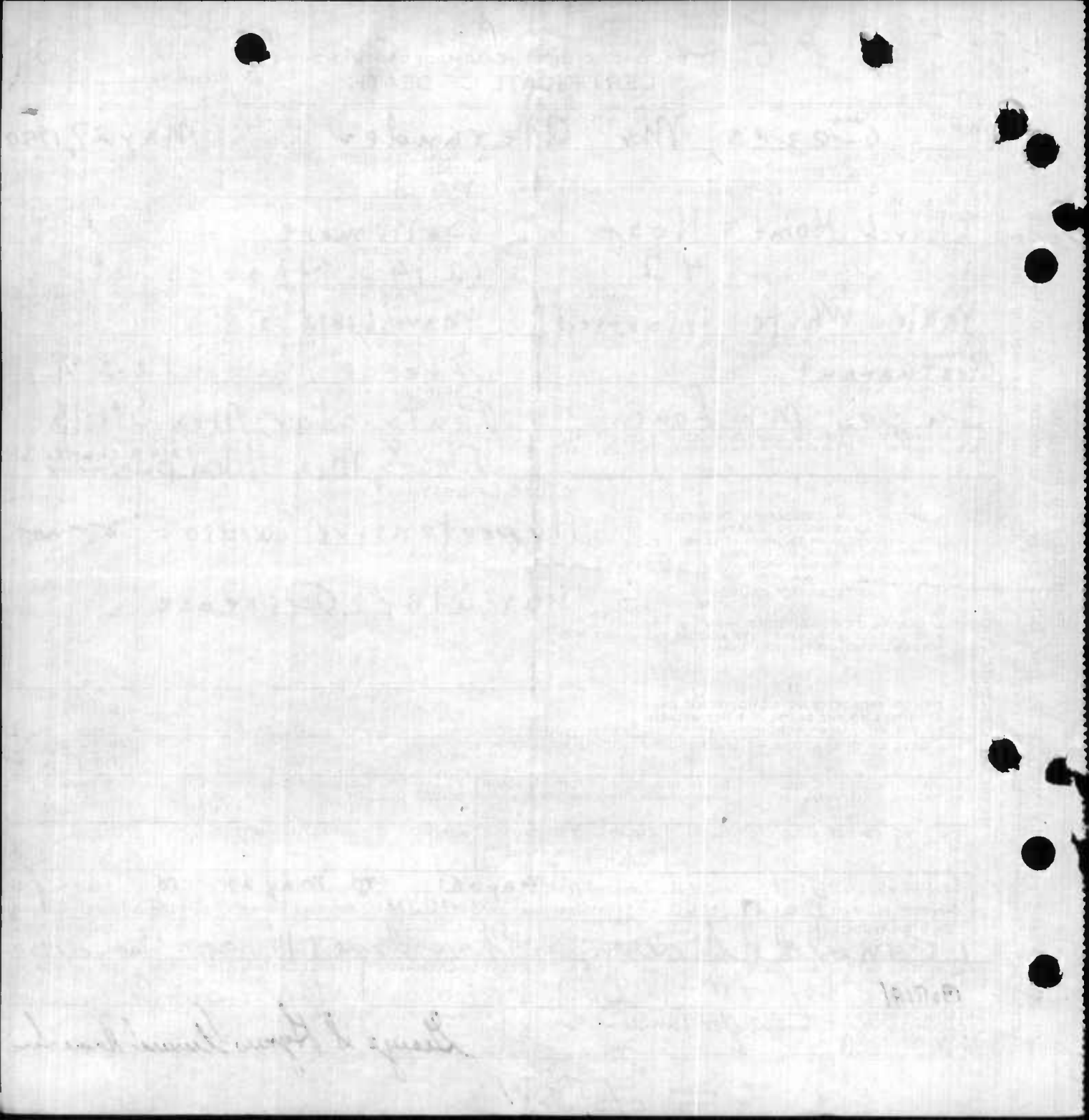
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

George S. Hyman Funeral Home Inc.

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4859
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Rulin Bryant

2. DATE
OF
DEATH

May 29, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If in institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

JOHNS HOPKINS HOSPITAL

Yrs.
Mos.
Days

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

111 S. Wolfe St.

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

10-28-82

9. AGE (in years last birthday)

67

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

ROAD CONSTRUCTION

11. BIRTHPLACE (State or foreign country)

Nelson Co Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Bryant

14. MOTHER'S MAIDEN NAME

Marie Coffley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMATION ADDRESS
JOHNS HOPKINS HOSPITAL

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

*Possible Coronary Occlusion
Pneumonia of Stomach*

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5-28* 19*50* to *5-29*, 1950 that I last saw the deceased alive on *5-29-1950* and that death occurred at *5 PM*, from the causes and on the date stated above.

23A. SIGNATURE

George E. Chaney M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5-29-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

June 1, 1950

24C. NAME OF CEMETERY OR CREMATORY

Lebanon Church Cem, Greenwood, Va

24D. LOCATION (City, town, or county) (State)

8a

DATE RECEIVED BY LOCAL REGISTRAR

MAY 30 1950

REGISTRAR'S SIGNATURE

Washington Williams

25. FUNERAL DIRECTOR

Phillis Laurean 4510 Liberty Hgts. Ave

ADDRESS

VS 150

984 V.9

46B

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

111 S. Wolfe St.

10-28-28

10-28-28

10-28-28

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **50 4860**

BIRTH NO. **4860**

1. NAME OF DECEASED
(Type or Print)

**LAVINIA
Ellen Cook**

2. DATE
OF
DEATH

MAY 29 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3204 Berkshire Rd

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

female white

MARRIED

8. DATE OF BIRTH

11-21-96

9. AGE (in years
last birthday)

53

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

BALTIMORE Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Max C. Smith

14. MOTHER'S MAIDEN NAME

Mabel C. Hartman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Carcinomatosis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) **Carcinoma ovary**

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

**duration
unknown**

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-22-1950** to **5-29-1950**, that I last saw the deceased alive on **5-29-1950**, and that death occurred at **3:30 A. M.** from the causes and on the date stated above.

23A. SIGNATURE

Lawrence R. Whelan

M. D.

23B. **JOHNS HOPKINS HOSPITAL**

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

5/31/50

Parkwood

BALTO

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 30 1950

William H. Williams, M.D.

L. J. Luck

5305 Harford

32nd Street, N.Y.C.

MAILED

Postmark: N.Y.

March 1, 1911

Mr. J. P. Morgan
May 1, 1911

COPIED
MAY 1 1911

100 N. 3rd St.

Philadelphia, Pa.

May 1, 1911

Mr. J. P. Morgan

400
REA - 1052

50

4861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

4861

Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

Christina Cole

2. DATE
OF
DEATH

5-26-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Hospital

4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1713 E. Eager Street

c. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

July 24, 1867

9. AGE (In years last birthday)

82

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, or so if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

13. FATHER'S NAME

John Peterese

(D)

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Elizabeth Beckenpack

(D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Baltimore City Hospital
Records 4940 Eastern Avenue

18.

420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-16-1947, to 5-26-1950, that I last saw the deceased alive on 5-26-1950, and that death occurred at 9:05 AM, from the causes and on the date stated above.

23A. SIGNATURE

J. S. Cozen

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

May 29, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/1/50

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Eastern Ave Extended

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

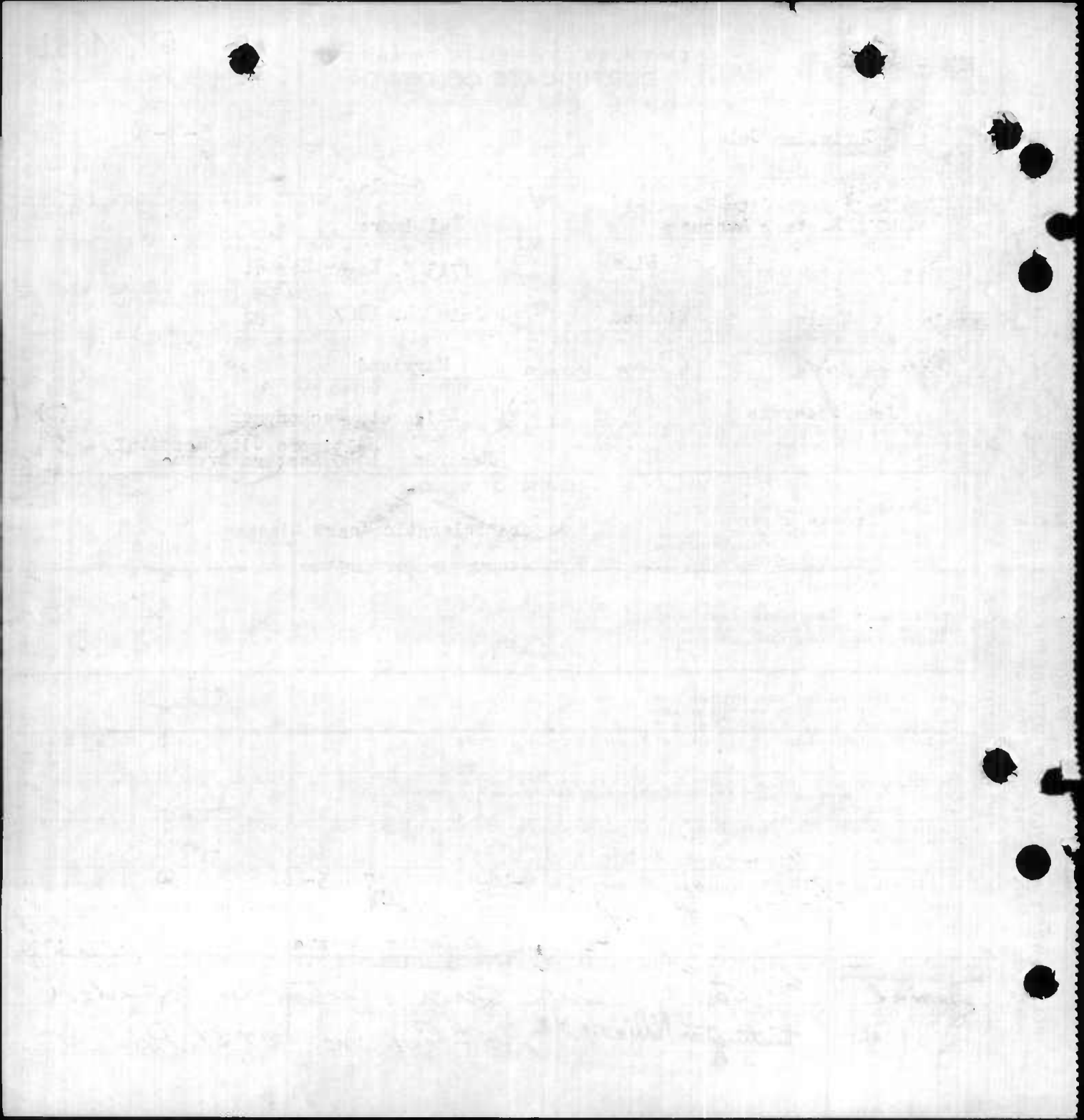
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm Cook Inc. 1217 St. Paul St.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4862

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ANNA GASS

2. DATE
OF
DEATH

May 29, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

25-33

D. STREET ADDRESS (If rural, give location)

2239 Annapolis Road

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Aug. 29, 1879

9. AGE (in years
last birthday)

70

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Homesdale, Pa.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Artman

14. MOTHER'S MAIDEN NAME

Susan Loeven

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
None

17. INFORMANT

ADDRESS

Marjorie Noppenberger, Long Island, N.Y.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Carcinoma lungs

DUE TO

(B) Primary in Breast

DUE TO

(C) Arterio Sclerotic C. V. Disease

INTERVAL BETWEEN
ONSET AND DEATH

?

?

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1950, to May 29, 1950, that I last saw the deceased alive on 5-29, 1950, and that death occurred at 8:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Carl P. Hering

23B. ADDRESS

1326 N. Lombard St.

23C. DATE SIGNED

5-29-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/1/50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 31 1950

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

William C. McLean, 1217 St. Paul St.

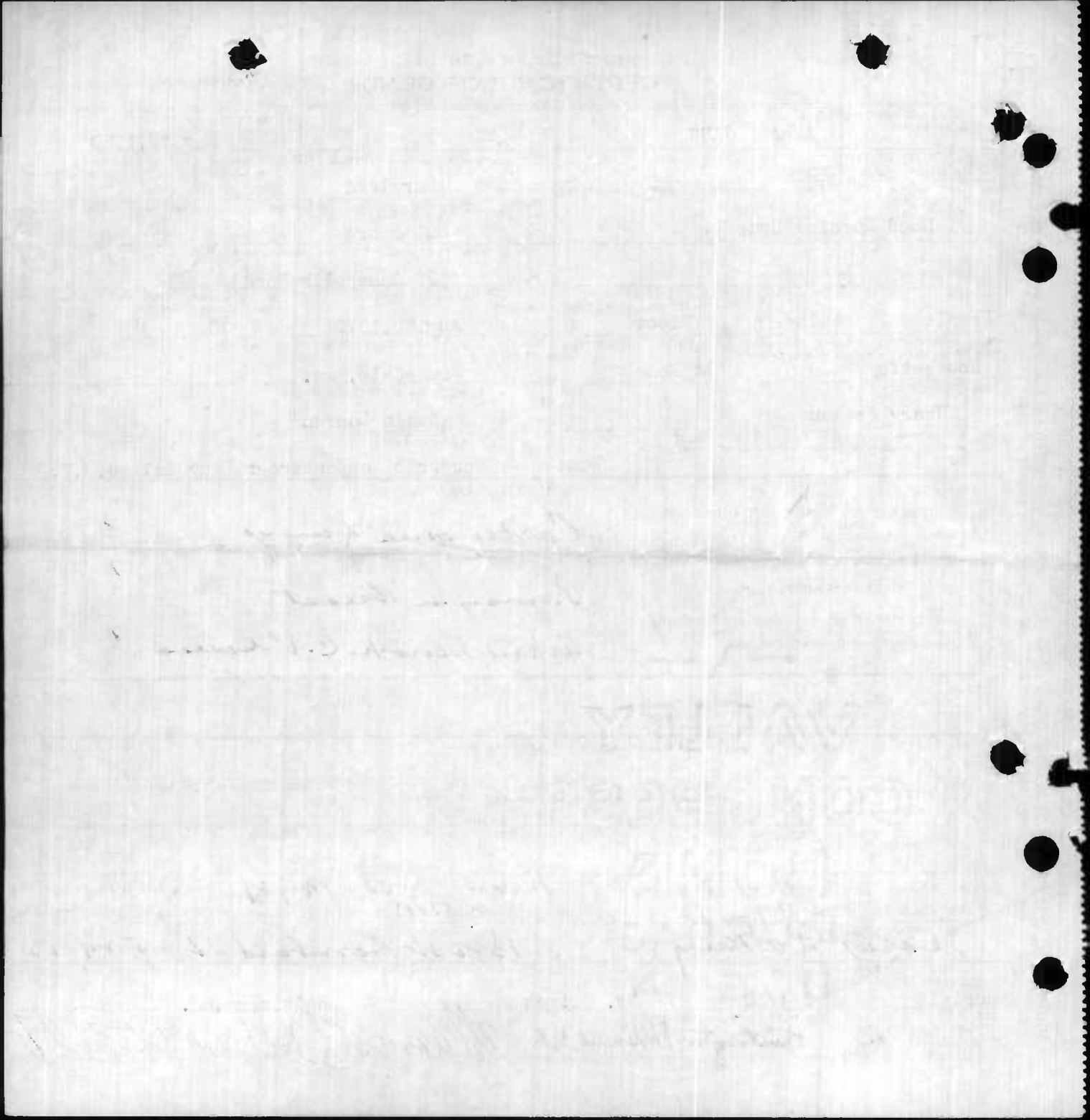
ADDRESS

VS 150

50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4863
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

PATRICK GLEASON

2. DATE
OF
DEATH

May 29, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

24-04

O. STREET ADDRESS (If rural, give location)

1801 Jackson St.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

1801 Jackson St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 4, 1875

9. AGE (In years
last birthday)

74

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer, retired

10B. KIND OF BUSINESS OR
INDUSTRY

Buck Glass Co.

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Michael Gleason

14. MOTHER'S MAIDEN NAME

Margaret (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

213-10-5348

17. INFORMANT

ADDRESS

Mrs Anna B. Gleason, 1801 Jackson St.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Uremia

QUE TO

INTERVAL BETWEEN
ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Benign Prostatic Hypertrophy with

QUE TO

1 yr.

(C)

stricture of ant. urethra.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Chronic Myocardial Degeneration

1 yr.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT

NOT WHILE

WORK ☐

AT WORK ☐

22. I hereby certify that I attended the deceased from **5-1**, 1950, to **5-29**, 1950, that I last saw the
deceased alive on **5-29**, 1950, and that death occurred at **6:10** m., from the causes and on the date stated above.

23A. SIGNATURE

Michael Gleason

M. O.

23B. ADDRESS

707 E. Fort Ave.

23C. DATE SIGNED

5-29-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/31/50

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill Glen Haven

24D. LOCATION (City, town, or county)

Anne Arundel Co., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

William P. Jones 1217 S. Paul St.

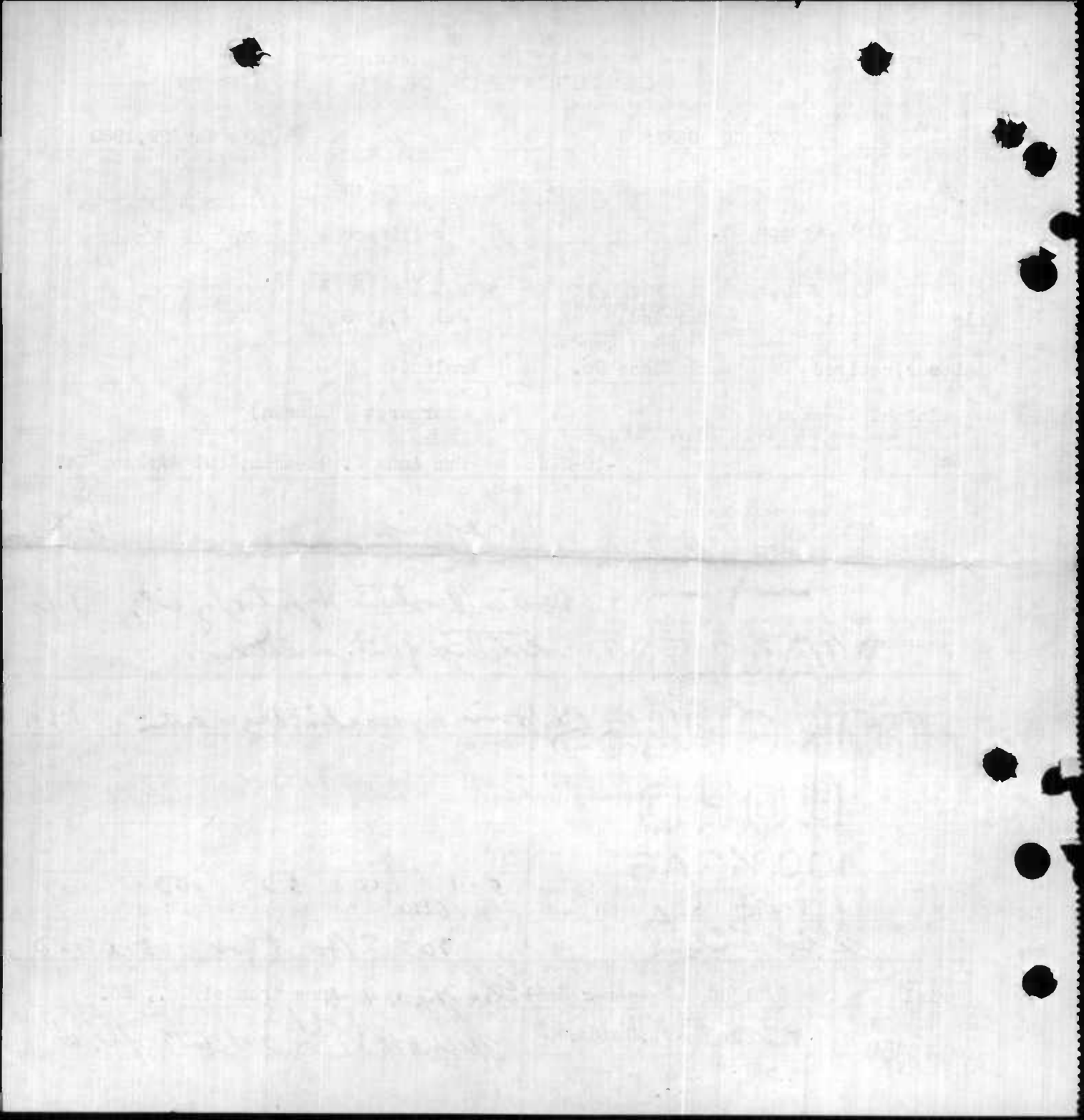
MAY 31 1950
VS 150

98825

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



B-260 CERTIFICATE CORRECTED 6-5-50

50-4864

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4864
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CALVIN

BAKER

2. DATE
OF
DEATH

May 29, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

University Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Burner

10B. KIND OF BUSINESS OR INDUSTRY

Scrap Yard

13. FATHER'S NAME

Edward Baker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

W.W.2

16. SOCIAL SECURITY NO.

218-14-7650

17. INFORMANT

ADDRESS

Julia Baker-443 W. Henrietta St.

18.

754.6

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Subarachnoid hemorrhage

DUE TO congenital aneurysm of Circle of Willis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. B. Fisher

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

May 29, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/1/50

24C. NAME OF CEMETERY OR CREMATORY

Magothy Church, Ct

24D. LOCATION (City, town, or county)

A.A. Co., Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 31 1950

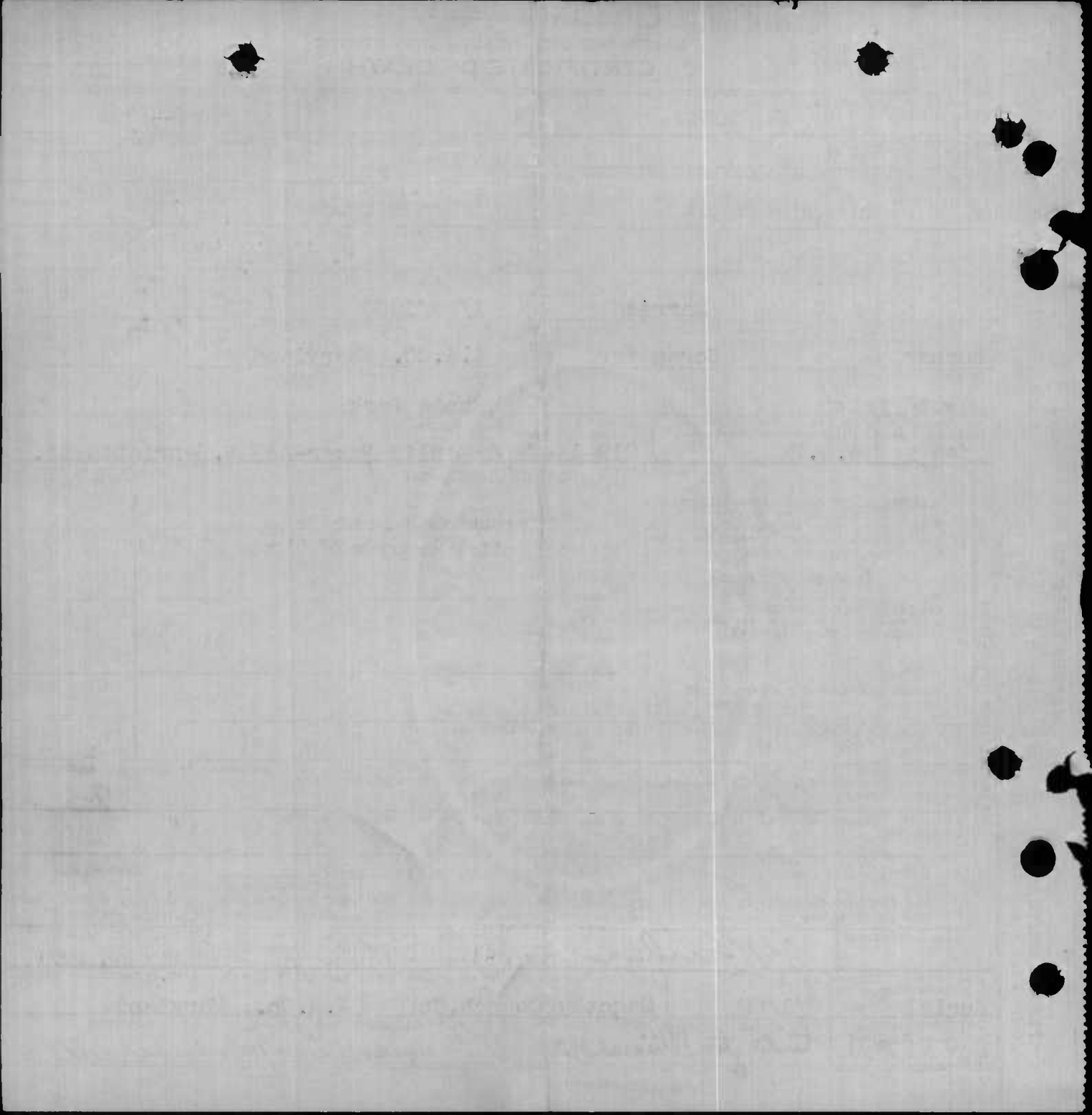
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. L. Brownson - Montgomery St

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **50 4865**

BIRTH NO. **50 4865**

1. NAME OF DECEASED
(Type or Print)

MRS. ELEANOR PURCELL

2. DATE
OF
DEATH

5/29/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *MD*

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

48 Mayford Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 9-07

D. STREET ADDRESS (If rural, give location)

1608 Gossink Ave

C. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

12/25/96

9. AGE (In years last birthday)

53

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hom.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Molen Tuder

14. MOTHER'S MAIDEN NAME

Margaret Fisher

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

Honey Purcell 1608 Gossink Ave

18. *592X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Anemia

DUE TO

ANTECEDENT CAUSES

(B)

Chronic nephritis

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cardiac decompensation

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *3/24/50* to *5/29/50*, that I last saw the deceased alive on *3/20/50*, 19*50*, and that death occurred at *3:15 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Charles J. Black

23B. ADDRESS

Mayford Road

23C. DATE SIGNED

5/29/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 31/50

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 31 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

William H. General Home 2000 Ave

ADDRESS

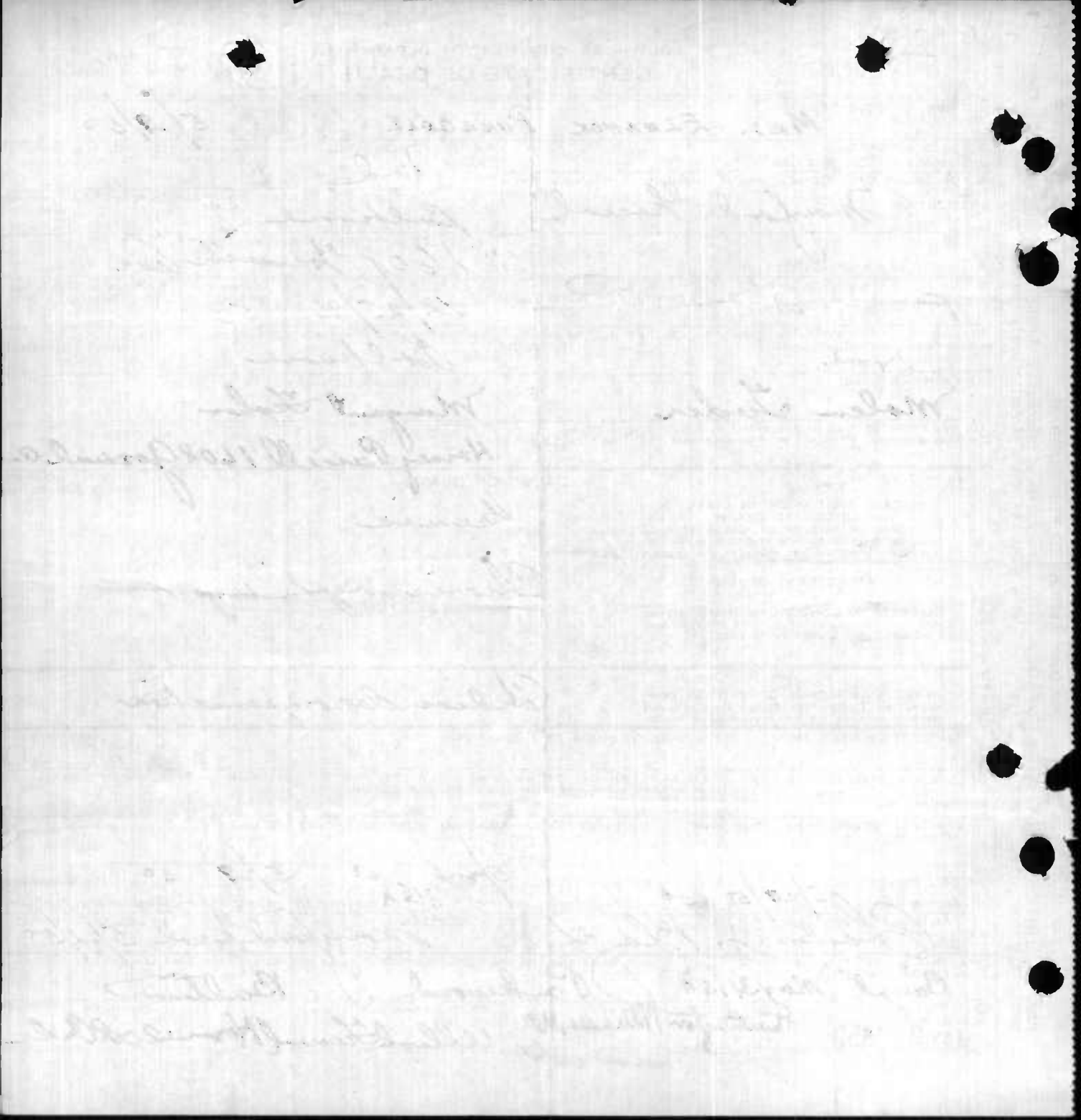
VS 150

131B

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



B-235 4866

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4866
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ernest Boston 618409

2. DATE
OF
DEATH

MAY 29 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1923 McCulloh St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT'S NAME AND ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Uremia

DUE TO

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Carcinoma of colon

DUE TO

1 yr.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

5/18/50

Carcinoma of colon

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 5-12-1950 to 5-29-1950, that I last saw the
deceased alive on 5-29-1950, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 31 1950

Stuntington Williams, M.D.

Hallard Funeral Home
1631 N. Hill Ave.

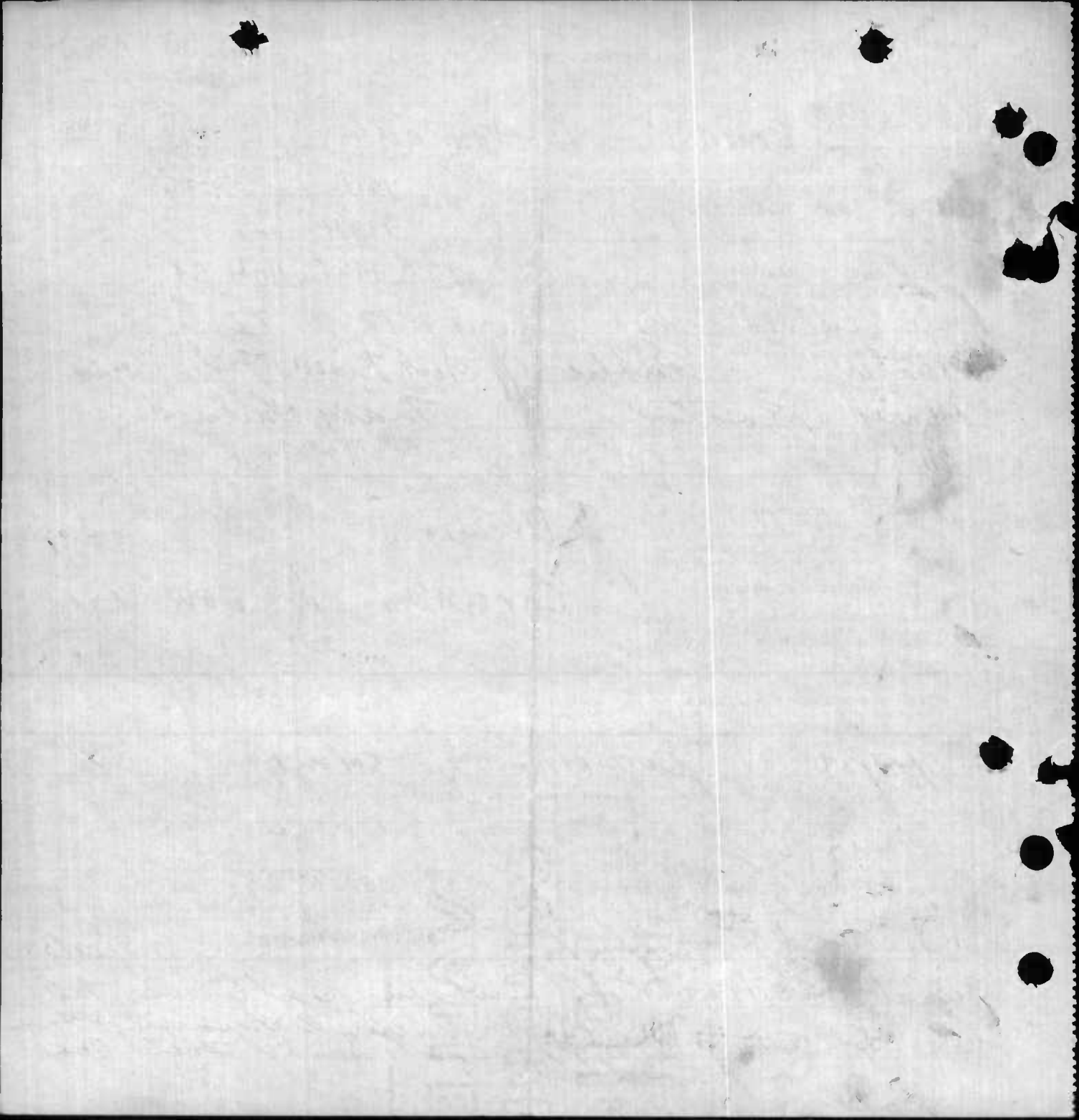
VS 150

46E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. Physicians: please write the causes of death clearly and correctly. correct age is especially important.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 4867

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN WILLIAM BROWN MUSSENDEN

2. DATE
OF
DEATH

May 28, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2008 Druid Hill Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)Maryland
Baltimore 14-03

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2008 Druid Hill Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 30, 1869

9. AGE (In years
last birthday)

80

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Nurse

10B. KIND OF BUSINESS OR
INDUSTRY

Public

11. BIRTHPLACE (State or foreign country)

St. Kitts, B. I. S.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Geneva Muscenden 2008 Druid Hill Ave.

1B.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

Uremia

INTERVAL BETWEEN
ONSET AND DEATH

3 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Chronic Nephritis

1 yr.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C) Hypertensive Cardiovascular
Disease

1 yr.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 26, 1950, to May 28, 1950, that I last saw the
deceased alive on May 28, 1950, and that death occurred at 12:40 AM, from the causes and on the date stated above.

23A. SIGNATURE

G. Franklin Phillips

M. D.

23B. ADDRESS

1413 Penna. Ave.

23C. DATE SIGNED

5/29/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 31, 1950

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

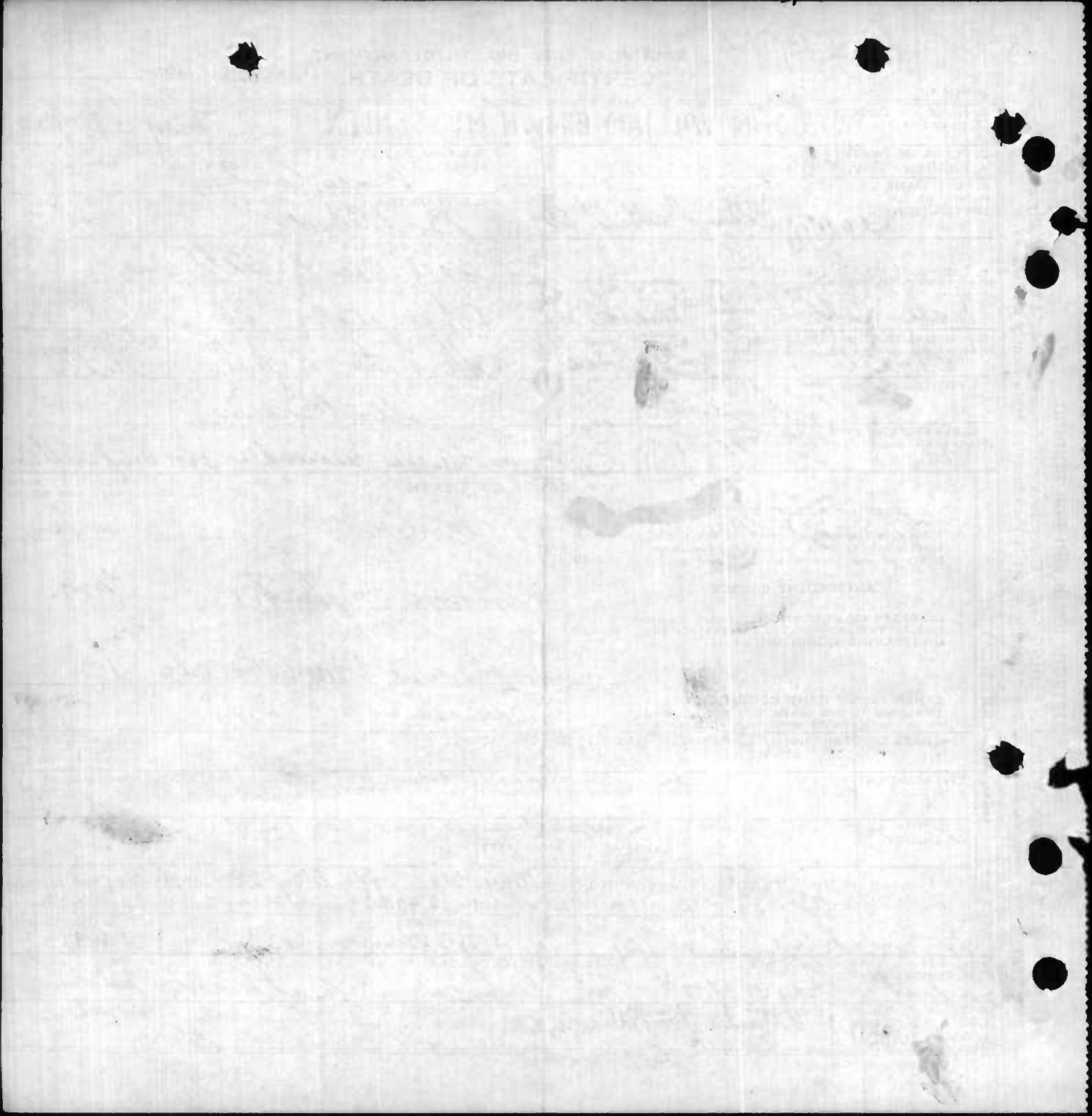
MAY 31 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Funeral & Express
1651 Druid Hill Ave.



LC
134532

50

4868

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4868

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Carlee Smith

2. DATE
OF
DEATH

May 29, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONBaltimore City Hospitals
4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

240 N. Mount St.

c. Length of stay in Baltimore

5 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

April 16, 1917

9. AGE (In years
last birthday)

33

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

South Carolina

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Smith

14. MOTHER'S MAIDEN NAME

Cellie Morris

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Records- Baltimore City Hospitals
4940 Eastern Ave.

18. 002 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Far Advanced Pulmonary Tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 29, 1949, to May 29, 1950, that I last saw the
deceased alive on May 29, 1950, and that death occurred at 10:30 AM, from the causes and on the date stated above.

23A. SIGNATURE

Ch. Boyer

M. D.

23B. ADDRESS

Baltimore City Hospitals
4940 Eastern Ave.

23C. DATE SIGNED

5/29/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6/3/50

24C. NAME OF CEMETERY OR CREMATORY

Restarin Cem

24D. LOCATION (City, town, or county)

Wilson N. C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

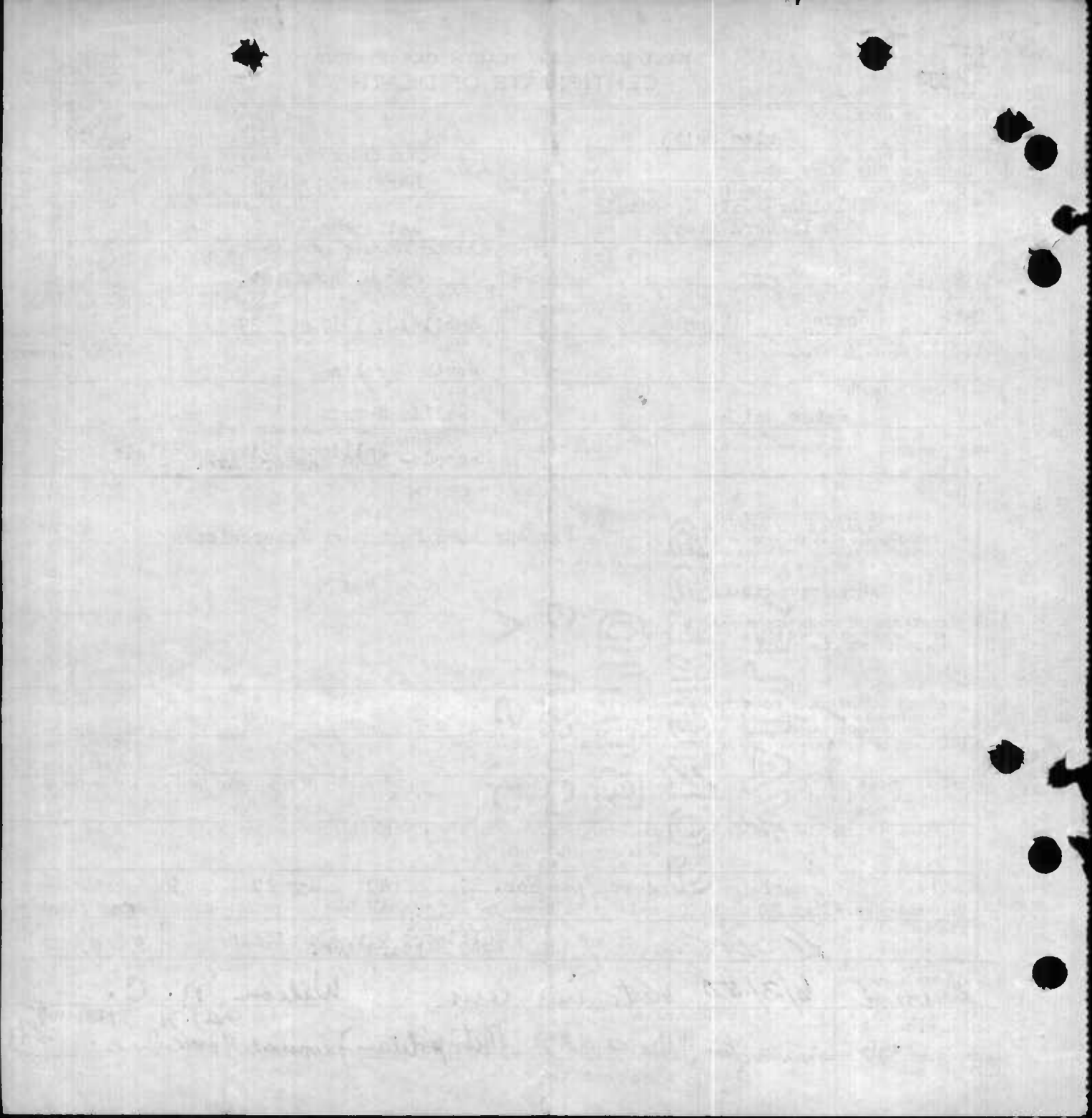
25. FUNERAL DIRECTOR

947 N. Mount St.
Metropolitan Funeral Home Inc. Ste

MAY 31 1950

VS 150

136



PRAGER
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4869
Registered No. 4869

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Prager

2. DATE
OF
DEATH

5/30/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 28-02

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

St. Agnes Hospital.

Yrs.
Mos.
Days

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

5117 Liberty Heights Ave.

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

10-15-87

9. AGE (In years
last birthday)

62 63

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Alexander Yockel

14. MOTHER'S MAIDEN NAME

Ella Humbert

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Harry Prager 5117 Liberty Heights Ave

18. 560.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Pulmonary Embolism &
infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) _____
DUE TO _____
(C) _____II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

5-25-50

19B. MAJOR FINDINGS OF OPERATION

Uterine prolapse + vaginal hernia

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-27, 1950, to 5-30, 1950, that I last saw the
deceased alive on 5-30, 1950, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

H. S. Dardough

M. D.

23B. ADDRESS

St. Agnes Hosp.

23C. DATE SIGNED

5-30-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

June 2/1950

24C. NAME OF CEMETERY OR CREMATORY

Lorraine

24D. LOCATION (City, town, or county)

Woodlawn Ind

(State)

DATE RECEIVED BY
LOCAL REGIS.

MAY 31 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Harry J. Hmarock 4204 Ridgewood Ave

5. *Microtus pennsylvanicus*
Microtus

Small *Microtus pennsylvanicus* + *Microtus*

07-7-2

07-10-2 07-11-2

07-12-2

07-13-2

07-14-2 07-15-2

07-16-2 07-17-2

07-18-2

07-19-2

07-20-2

07-21-2

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4870
Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

JOSEPH WALKE

2. DATE
OF
DEATH

May 29, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Franklin Square Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1615 Cole St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

50?

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

cement finisher

10B. KIND OF BUSINESS OR
INDUSTRY

Contractor

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Walke

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Frank H. Furley 1615 Cole Street

18.

002X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Duvalier M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

May 29, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

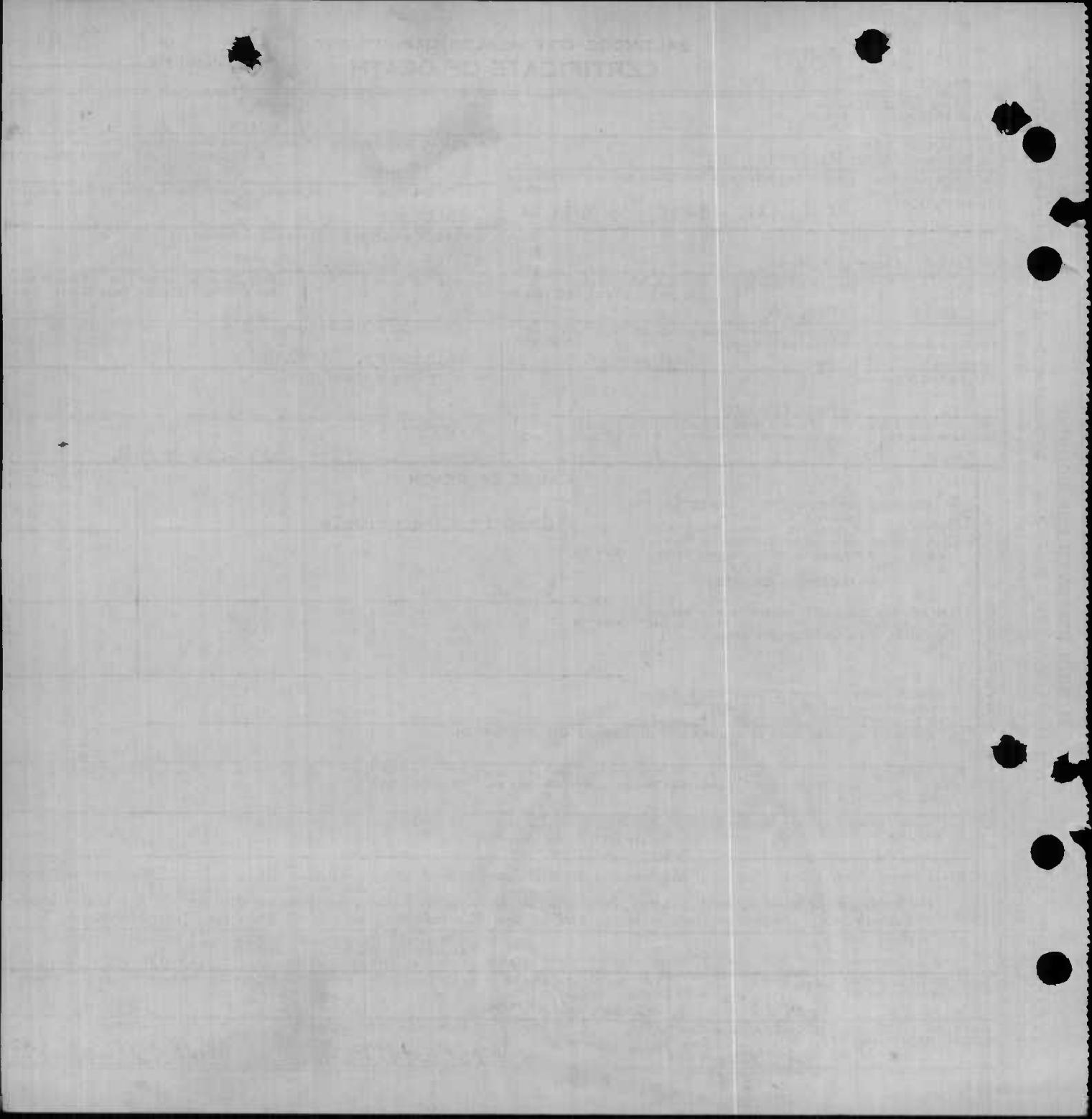
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4871
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

TANNER BAUM, David (TANNERBAUM)

2. DATE
OF
DEATH

5/30/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

3900 Helton Road

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)H Under 1 Year
Months DaysH Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life even if retired)

Merchant

10B. KIND OF BUSINESS OR
INDUSTRY

Gen. Merchandise

11. BIRTHPLACE (State or foreign country)

Balto Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Hymann

14. MOTHER'S MAIDEN NAME

Leva

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Esther Tannebaum

ADDRESS

Same

18.

152 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Abdominal Carcinomatosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

carcinoid tumor small
intestine, malignant

(C)

INTERVAL BETWEEN
ONSET AND DEATH

over

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/17 1950, to 5/30 1950 that I last saw the
deceased alive on 5/30 1950, and that death occurred at 6:35 p.m., from the causes and on the date stated above.

23A. SIGNATURE

James M. Bisnar M.D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

5/30/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Jack Lewis 2100 Eastern R

ADDRESS

VS 150

15663

46E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Letter in document file 50-4871 - 6/26/50.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly stated. Physicians: please write the causes of death clearly and legibly.

P-6216
50 4872

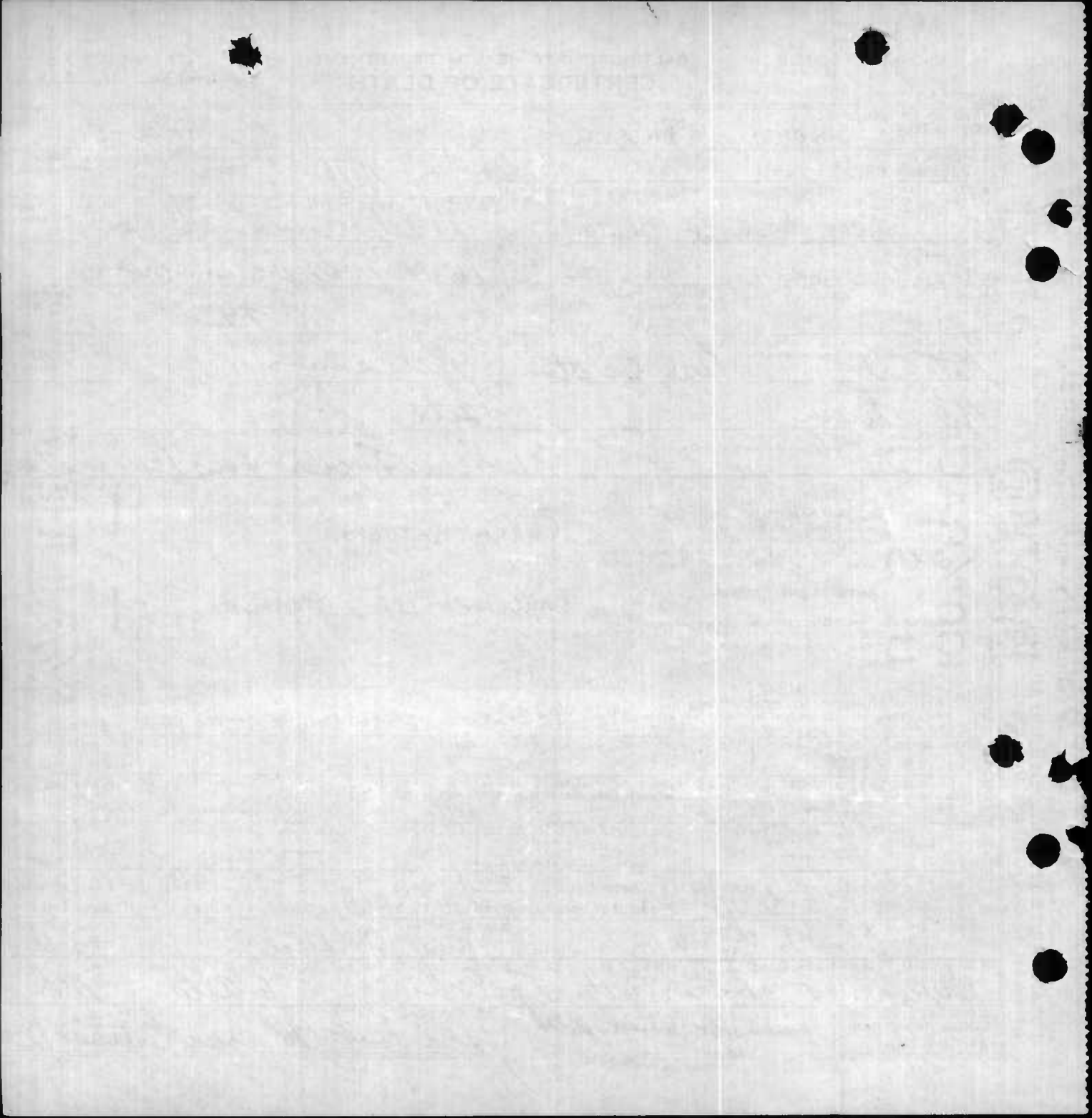
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4872
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) SOLOMON PROSER		2. DATE OF DEATH 5-30-50.	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION SINAI HOSP. OF BALTO.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5300			
c. Length of stay in Baltimore 62 Yrs. Mon. Days		D. STREET ADDRESS (If rural, give location) 16 Hawthorne Ave			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH	9. AGE (In years last birthday) 72	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Real Estate		11. BIRTHPLACE (State or foreign country) Russian	
13. FATHER'S NAME Abraham		12. CITIZEN OF WHAT COUNTRY? Russian			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Helen Tucker ADDRESS: 4003 Remond Ave	
18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) CARCINOMATOSIS DUE TO (B) CARCINOMA OF STOMACH DUE TO (C) POST-PROSTATECTOMY CONTRACTURE OF VES. NECK		INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION NONE		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-4 , 19 50 to 5-30 , 19 50 , that I last saw the deceased alive on 5-30 , 19 50 , and that death occurred at 5:08 Pm. , from the causes and on the date stated above.					
23A. SIGNATURE Samuel German		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 5-30-50.	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-31-50		24C. NAME OF CEMETERY OR CREMATORY Beth T. Teloh	
24D. LOCATION (City, town, or county) Balto		24E. STATE Md		25. FUNERAL DIRECTOR Jack Lewicki ADDRESS: 2000 Canton Rd	
DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1950		REGISTRAR'S SIGNATURE Amelia J. Williams		26. VS 150	

27681

46 B



HANNIBAL

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **50 4873**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Mr. Harry Hannibal*2. DATE
OF
DEATH*May 30 1950*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

*Bon Secours Hosp.**Maryland*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2018 Walbrook Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

*white*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*widowed*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Self Employed

10B. KIND OF BUSINESS OR INDUSTRY

Plumbing & Heating

8. DATE OF BIRTH

Feb. 23, 1894

9. AGE (In years last birthday)

*56*11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

*Unknown*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*no*

16. SOCIAL SECURITY NO.

218-18-4706

17. INFORMANT

ADDRESS

*Mr. Harry E. Hannibal - 2018 Walbrook Av.*18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *acute coronary thrombosis*

DUE TO

ANTECEDENT CAUSES

(B) *chronic cardiac failure*

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) *Poss. cerebral embolism - from phlebitis leg.*

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5/29/1950* to *5/30/1950*, that I last saw the deceased alive on *5/30/1950*, and that death occurred at *6:30 Am.*, from the causes and on the date stated above.

23A. SIGNATURE

H. Schroeder

M. D.

23B. ADDRESS

Bon Secours Hosp.

23C. DATE SIGNED

5/30/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/2/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William J. Tinkner

25. FUNERAL DIRECTOR

William J. Tinkner

ADDRESS

Balto Md.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4874

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SEBASTIAN THOMAS

2. DATE
OF
DEATH

5/29/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2210 Lyndhurst

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-09

D. STREET ADDRESS (If rural, give location)

2210 Lyndhurst

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 1, 1907

9. AGE (In years last birthday)

43

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mutual Cashier

10B. KIND OF BUSINESS OR INDUSTRY

Horse Racing

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Harwell Walter Thomas

14. MOTHER'S MAIDEN NAME

Leona Fear

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
212-09-9843

17. INFORMANT

Mrs. Nellie Thomas

ADDRESS

2210 Lyndhurst St.

18.

420.1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Coronary Artery Disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

John R. Davis

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

5/30/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/1/50

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

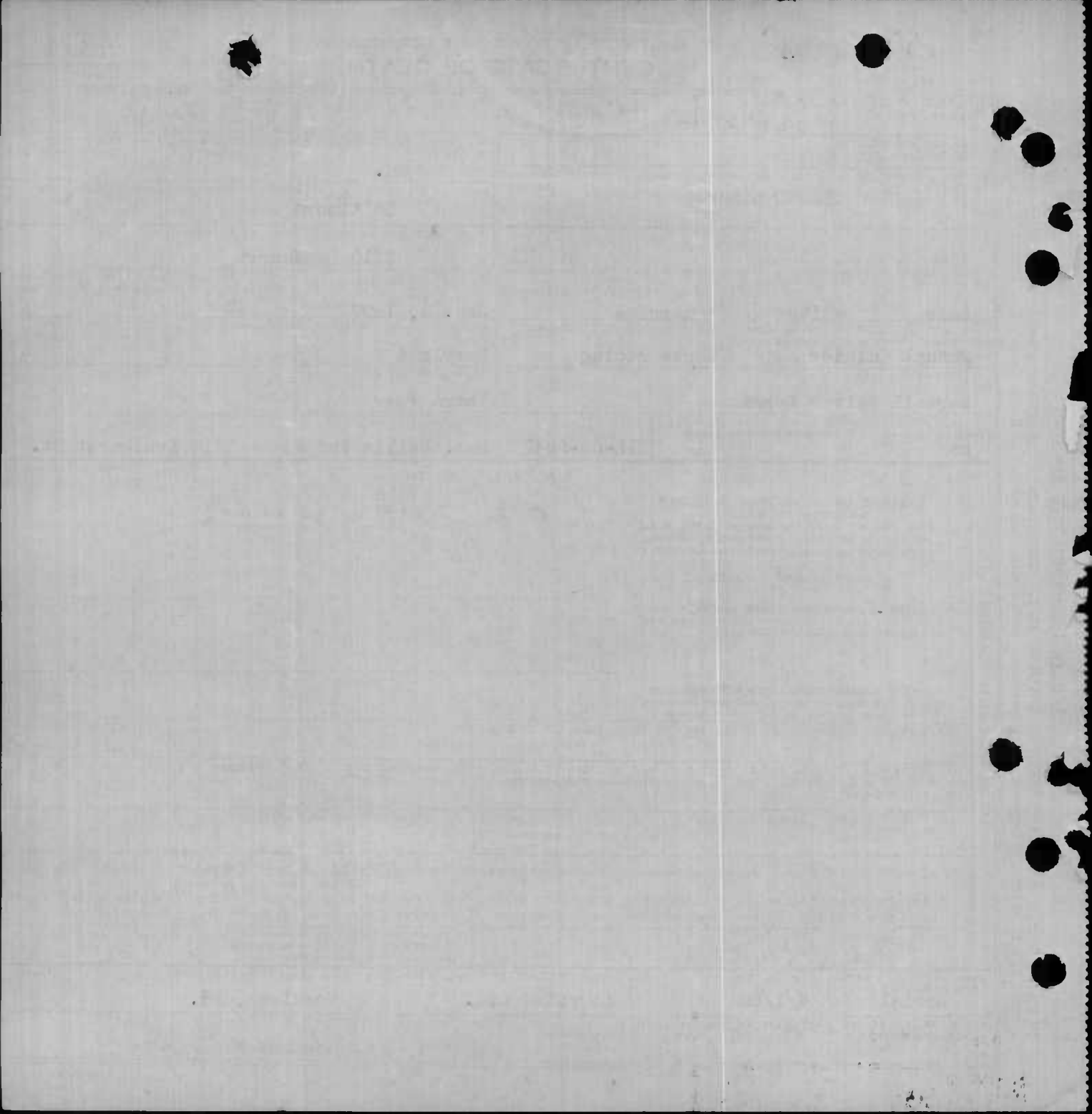
Thurston Harrison

25. FUNERAL DIRECTOR

Wm. J. Dickner & Sons

ADDRESS

94a Beato Md.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4875

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NEITER, Mrs Julia

2. DATE
OF
DEATH

30 May 50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Harford

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Church Home + Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Aberdeen

6200

D. STREET ADDRESS (If rural, give location)

25 Ridgdon Rd.

c. Length of stay in Baltimore

14

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9 Oct 77

9. AGE (In years last birthday)

72 73

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

James W. Scott

14. MOTHER'S MAIDEN NAME

- Cushing

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

-

17. INFORMANT

Self

ADDRESS

18. *151X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Pulmonary embolus

10 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Carcinoma of stomach

2 1/2 mo

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

23 May 50

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of stomach

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *17 May, 1950*, to *30 May, 1950*, that I last saw the deceased alive on *30 May, 1950*, and that death occurred at *11:30 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Richard M. Garrett

M. D.

23B. ADDRESS

Church Home + Hosp

23C. DATE SIGNED

31 May 50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

6/31/50

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Aberdeen Harford Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Henry Tarrington & Sons, Aberdeen, Md.

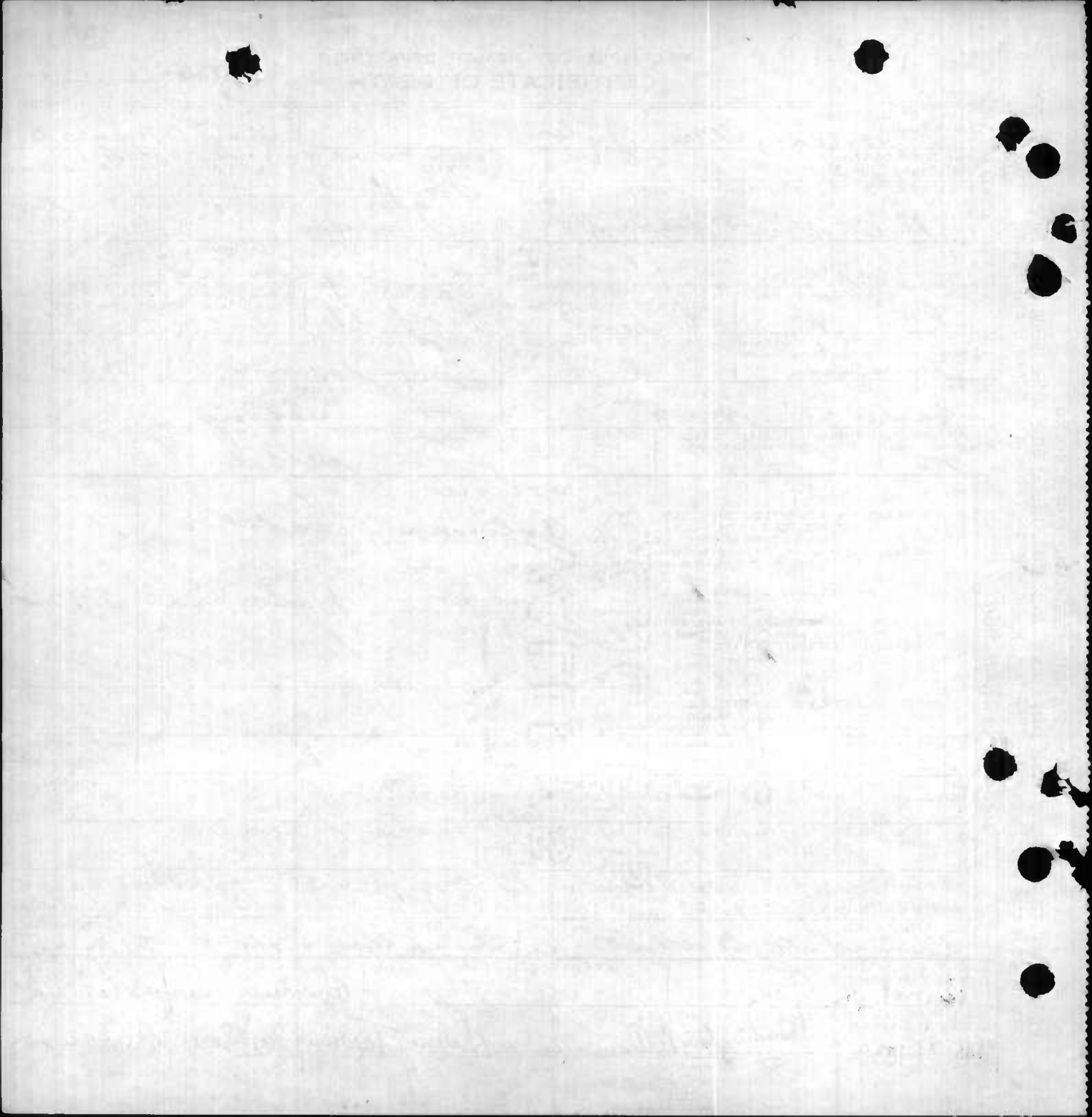
MAY 31 1950

VS 150

46 B

MARGIN RESERVED FOR BINDING
PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



50 4876

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4876

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary J. Smith

2. DATE
OF
DEATH

5/29/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1005 W. Lombard St.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Ashburton Nursing Home

c. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

8/6/1884

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

James Murphy

14. MOTHER'S MAIDEN NAME

Jane Cummings

15. WAS DECEASED EVER IN U. S. ARMED FORCES
(Yes, no or unknown) (If yes, give war or date of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs David Damon 2301 Frederick

ADDRESS

18.

4 yr. 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

3 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Anterograde C. V. disease

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1943 to May 29, 1950 that I last saw the
deceased alive on May 22, 1950 and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

C. J. Fulmer

M. D.

23B. ADDRESS

1945 N. Quila St

23C. DATE SIGNED

5/30/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/2/50

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem

24D. LOCATION (City, town, or county)

3801 Frederick Ave

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Lawan & Son

ADDRESS

937 St.

MAY 31 1950

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be clearly and legibly supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DR-Lubinski

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4877
Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Mary J. Padden

2. DATE
OF
DEATH

5/30/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland *519 Battery Ave*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *MD* B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore MD

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

24-04

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Not known

9. AGE (In years last birthday)

66

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machine Operator

10B. KIND OF BUSINESS OR INDUSTRY

Twine Co

11. BIRTHPLACE (State or foreign country)

Baltimore MD

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Patrick Padden

14. MOTHER'S MAIDEN NAME

Mary Keely

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. *421.4*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Chronic Endocarditis

INTERVAL BETWEEN ONSET AND DEATH

6 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Arterial Hypertension

1 yr

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Arterio Sclerosis

1 yr

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *April 10, 1949* to *May 30, 1950*, that I last saw the deceased alive on *May 24, 1950*, and that death occurred at *4 A. M.*, from the causes and on the date stated above.

23A. SIGNATURE

D. J. Whittle MD

23B. ADDRESS

1279 Belham St.

23C. DATE SIGNED

5/30/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/1/50

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county) (State)

Red Bank Co

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams, MD

25. FUNERAL DIRECTOR

J. J. Zakep

ADDRESS

318 Light St

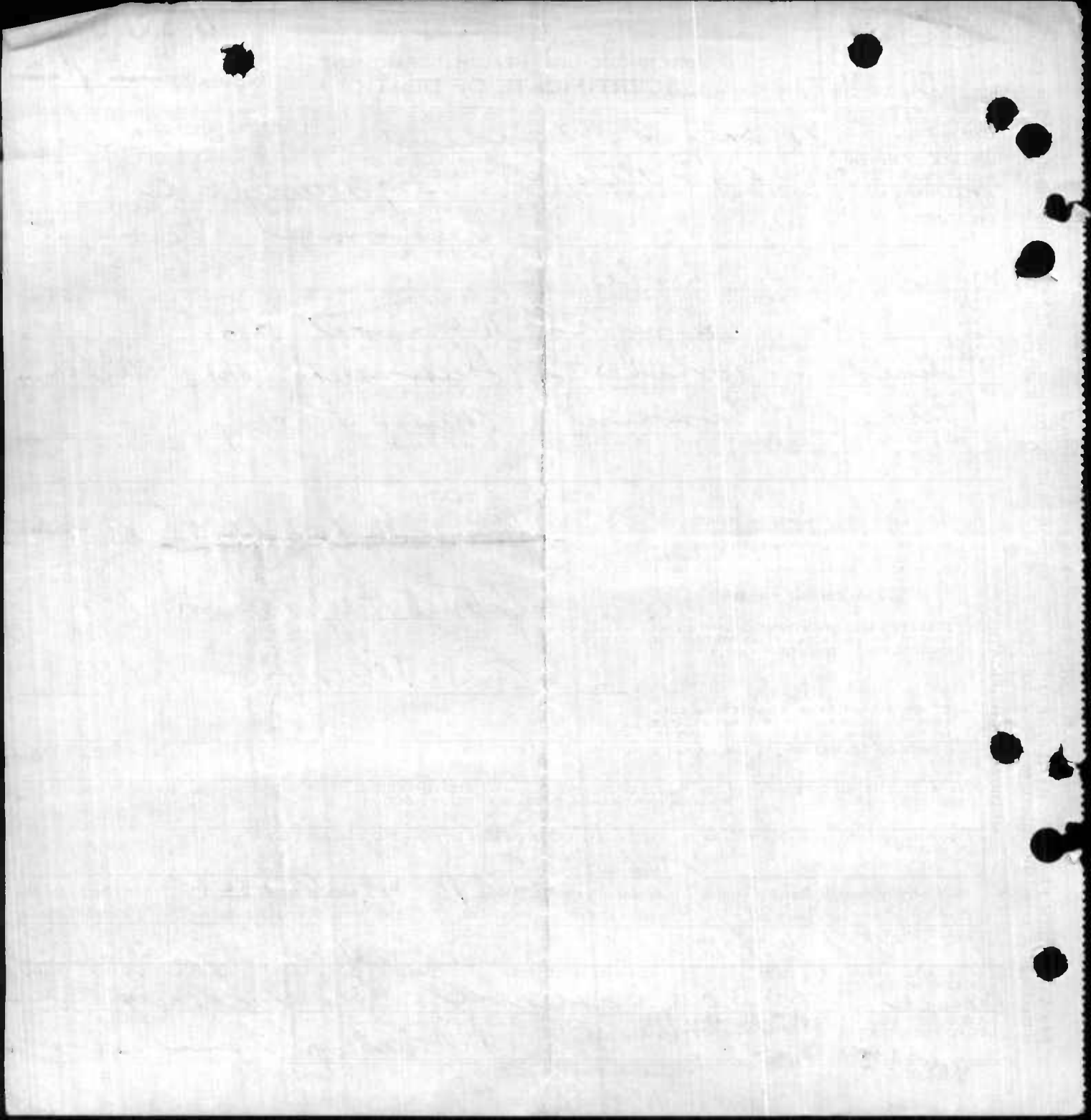
MAY 21 1950

49604

927

MARGIN RESERVED FOR BINDING

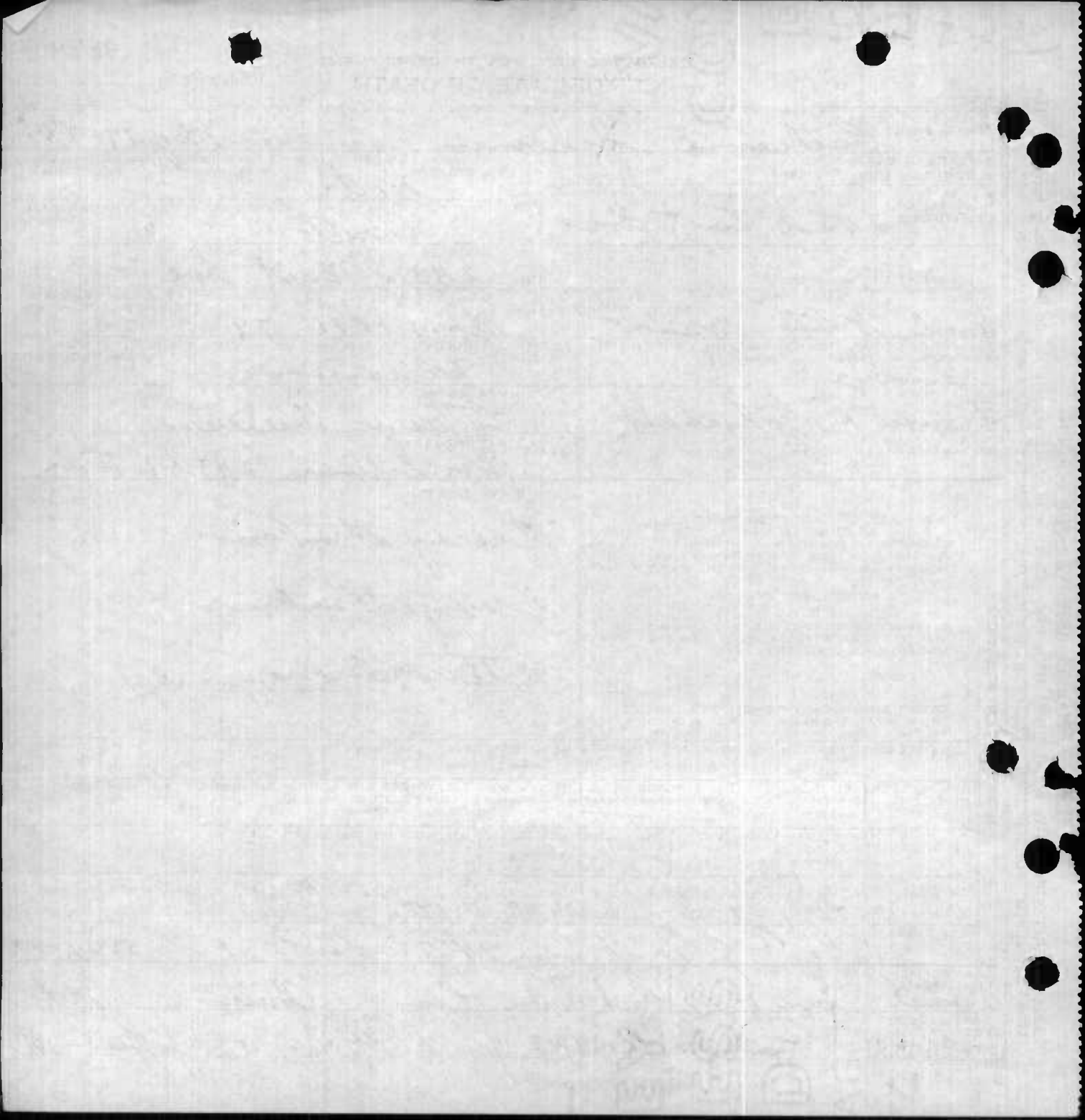
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4878
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Catharine Scheiner</i>			2. DATE OF DEATH <i>May 29-50</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>243 S. East Ave.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 26-10</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>243 S. East Ave.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Mar. 4-1871</i>	9. AGE (In years, last birthday) <i>79</i>	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Wisconsin</i>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <i>Francis X. Gottschalk</i>			14. MOTHER'S MAIDEN NAME <i>Catherine Kriedstein</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS <i>M. Scheiner 243 S. East Ave.</i>		
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Coronary thrombosis</i> DUE TO <i>Coronary arteriosclerosis</i> <i>arteriosclerosis, generalized</i> INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>					
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION _____		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____		
21D. TIME (Month) (Day) (Year) (Hour) _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from <i>July 1, 1937</i> , to <i>May 29, 1950</i> , that I last saw the deceased alive on <i>May 29, 1950</i> , and that death occurred at <i>1:45 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>John J. Gould</i>			23B. ADDRESS <i>1471 East Ave. - 24</i>		23C. DATE SIGNED <i>5-29-50</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>June 1-50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 31 1950</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		FUNERAL DIRECTOR ADDRESS <i>John R. Miller 2334 Jefferson St.</i>	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 50 4879

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WHITE, CLARENCE

2. DATE
OF
DEATH

5/27/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Provident

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 14-02

D. STREET ADDRESS (If rural, give location)

1600 Etting

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

(Mar)

8. DATE OF BIRTH

Dec. 25-1906

9. AGE (In years last birthday)

43

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Truck Driver

10B. KIND OF BUSINESS OR INDUSTRY

Storage Co.

11. BIRTHPLACE (State or foreign country)

Portsmouth Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Linnas White

14. MOTHER'S MAIDEN NAME

Mary ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Helen White 1338 Walker St.

18.

340.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Meningitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Pneumonia (Bronchial)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/26, 1950, to 5/27, 1950, that I last saw the deceased alive on 5/27, 1950, and that death occurred at 8 P. m., from the causes and on the date stated above.

23A. SIGNATURE

John H. Holmes

M. D.

23B. ADDRESS

Provident

23C. DATE SIGNED

5/28/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 6, 1950

24C. NAME OF CEMETERY OR CREMATORY

W. T. Clark Cem

24D. LOCATION (City, town, or county)

Balto.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 31 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Katy R. Williams

ADDRESS

322 N. Schroeder St.

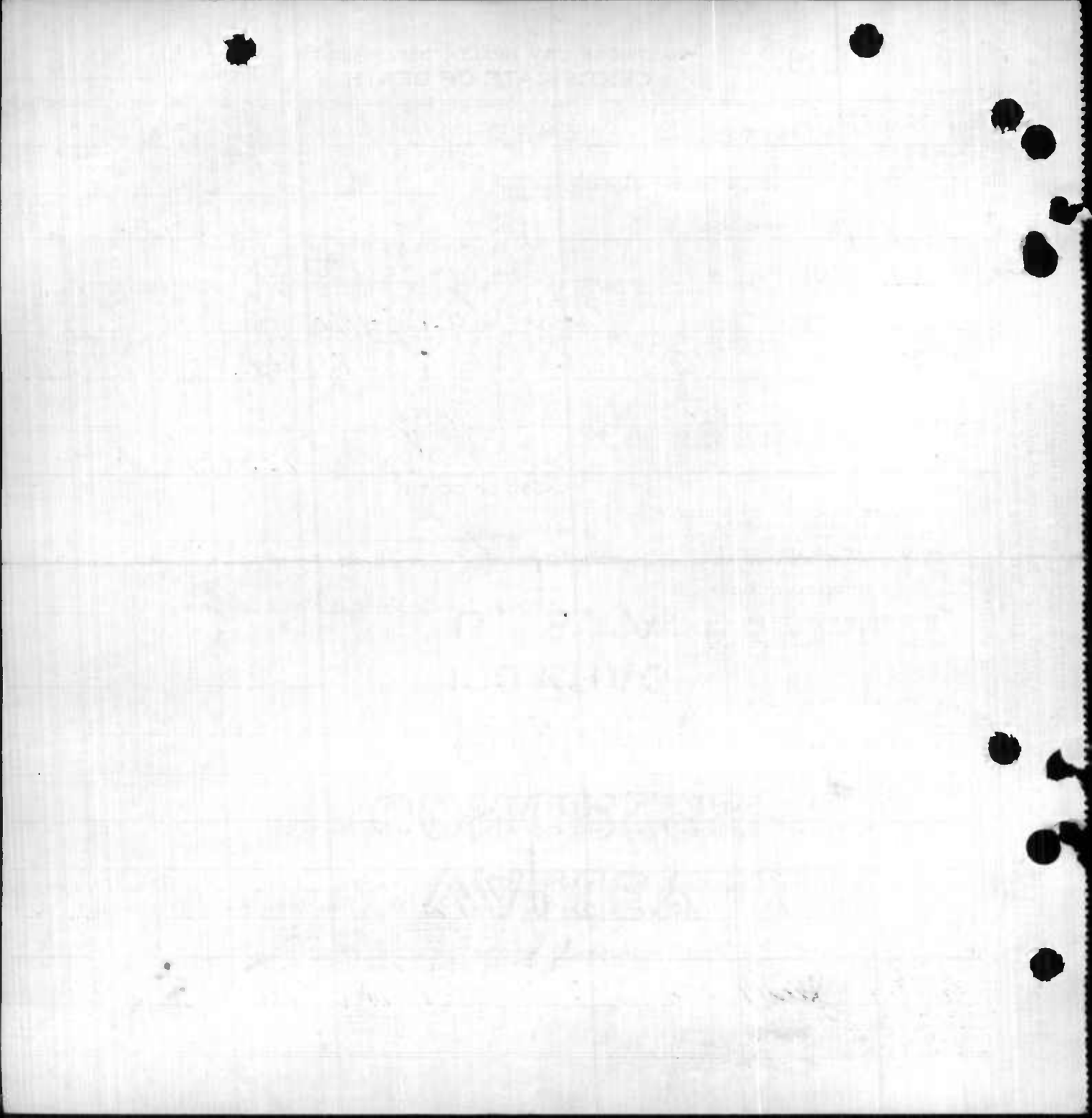
VS 150

98852

107

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Beatty Jr.

2. DATE
OF
DEATH

May 27, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

WYMAN PK. DRIVE AND 31st St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

705 W. Franklin St.

5. SEX

m

6. COLOR OR RACE

col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

mar.

8. DATE OF BIRTH

Oct. 10, 1889

9. AGE (In years
last birthday)

60

10. Under 1 Year
Months: Days: Hours: Min.

7 17

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Oiler

10B. KIND OF BUSINESS OR
INDUSTRY

Seafarer

11. BIRTHPLACE (State or foreign country)

Virgin Islands

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

William Beatty

14. MOTHER'S MAIDEN NAME

Julia Griffith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

227011227

17. INFORMANT ADDRESS
Records - US MARINE HOSPITAL, BALTO., MD.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

DUE TO

CAUSE OF DEATH

AdenoCarcinoma of Stomach with

metastases to stomach

INTERVAL BETWEEN
ONSET AND DEATH

3 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3/14/50

19B. MAJOR FINDINGS OF OPERATION

inoperable carcinoma of the stomach.

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

no

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1950 to May 27, 1950 that I last saw the
deceased alive on May 27, 1950 and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Harry Grabstald

23B. ADDRESS

U.S. MARINE HOSPITAL, BALTO., MD.

23C. DATE SIGNED

5/27/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 1950

24C. NAME OF CEMETERY OR CREMATORY

W.H. Calverly Cem.

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 31 1950

REGISTRAR'S SIGNATURE

Harry Grabstald

25. FUNERAL DIRECTOR

Mr. R. Williams

ADDRESS

322 N. Schuylkill St.

Letter in document file 50-4880 - 6/22/50.

P-4-20 4881

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4881
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Placido, Mr. Peeter

2. DATE
OF
DEATH

May 29, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Church Home & Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto. 31 2-01

C. Length of stay in Baltimore

2 weeks

D. STREET ADDRESS (If rural, give location)

1923 E. Pratt St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 5, 1889

9. AGE (In years,
last birthday)

61

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Soldier

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Estonia, Europe

12. CITIZEN OF
WHAT COUNTRY?

Estonia

13. FATHER'S NAME

Johan Placido

14. MOTHER'S MAIDEN NAME

Leena Kõo

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 490X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TO

Bleeding peptic ulcer

INTERVAL BETWEEN
ONSET AND DEATH

2 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TOBilateral lobar
Pneumonia

1 week

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 12, 1950, to May 29, 1950, that I last saw the
deceased alive on May 29, 1950, and that death occurred at 3:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Ronald L. Dutton

23B. ADDRESS

Church Home & Hosp.

23C. DATE SIGNED

5-29-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

June 1, 1950

24C. NAME OF CEMETERY OR CREMATORY

Mount Carmel

24D. LOCATION (City, town or county) (State)

Odonnell St. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

WILLIAM WIPPEL 3155 Highland Ave

MAY 31 1950

VS 150

60896

108

[Faint, illegible text, likely bleed-through from the reverse side of the page]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANTON CONRAD

2. DATE
OF
DEATH

MAY 28, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD.

BALTO. CITY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

5214 CRAIG AVE BALTO (12)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

27-10

D. STREET ADDRESS (If rural, give location)

5214 CRAIG AVE.

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MAY 20, 1868

9. AGE (in years last birthday)

82

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

STATIONARY FIREMEN

10B. KIND OF BUSINESS OR INDUSTRY

LAUNDRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

212-16-5057

17. INFORMANT

ADDRESS

BERTHA HASENEI 5214 CRAIG AVE

18. 4 yr. 1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Arteriosclerotic Cardio-vascular Disease

INTERVAL BETWEEN ONSET AND DEATH

1 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1950, to May 28, 1950, that I last saw the deceased alive on May 26, 1950, and that death occurred at 9 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Wm. H. Hammer, Jr.

M. D.

23B. ADDRESS

501 Sheridan Ave.

23C. DATE SIGNED

May 30, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

MAY 31, 1950

24C. NAME OF CEMETERY OR CREMATORY

FIRST EVANGELICAL CEM.

24D. LOCATION (City, town, or county)

6115 O'DONNELL ST BALTO. MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. H. Hammer, Jr.

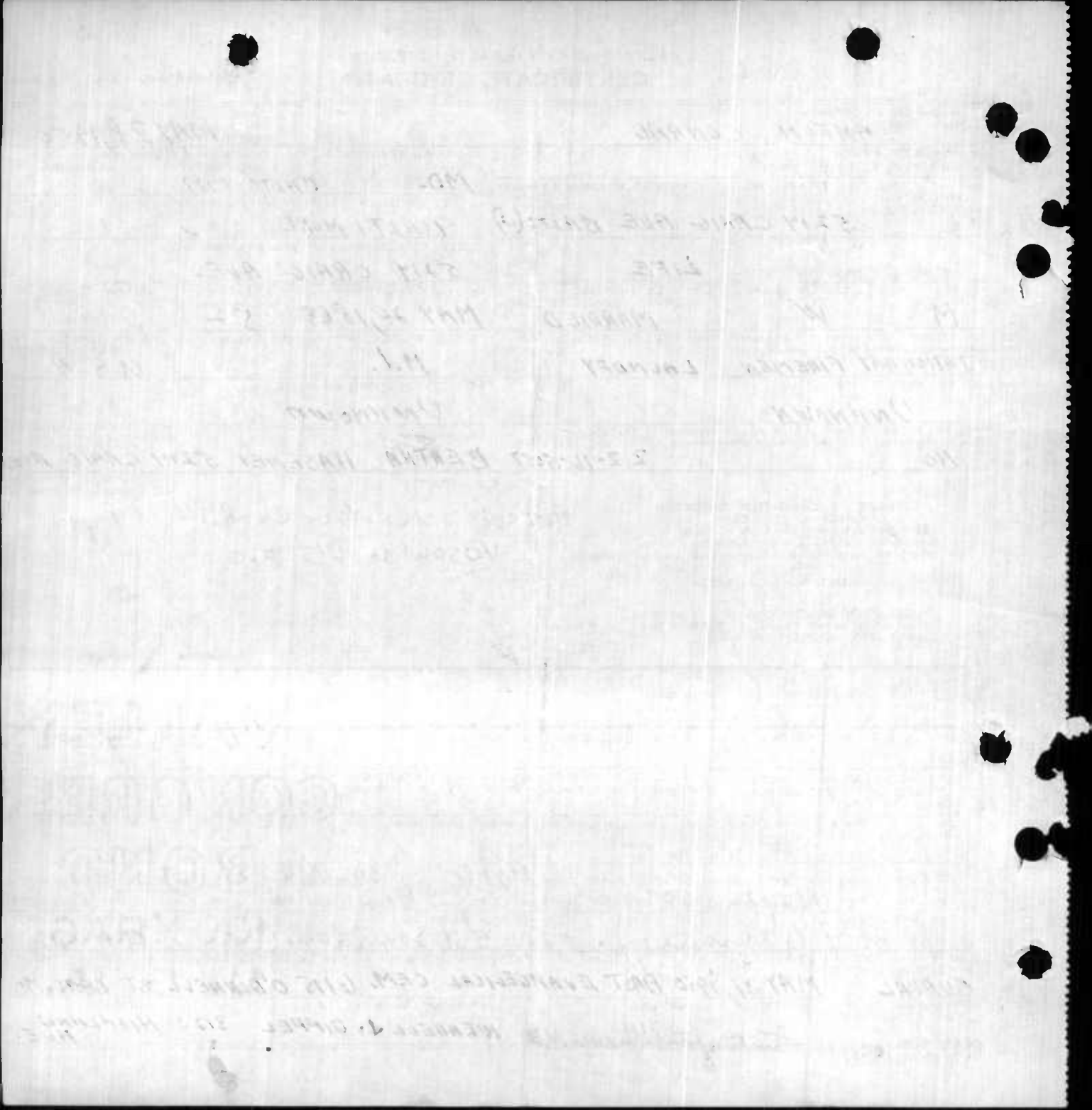
25. FUNERAL DIRECTOR

ADDRESS

WENDELL J. DIPPEL 3125 HIGHLAND AVE.

MAY 31 1950

937



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4883

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

(ELIZA) ELIZABETH (OWEN) OWINGS

2. DATE
OF
DEATH

May 28, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Provident Hospital

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

M

10A. USUAL OCCUPATION (Give kind of work done during life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

home

13. FATHER'S NAME

Daniel Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1426 Pennsylvania Avenue

8. DATE OF BIRTH

8/6/1893

9. AGE (in years last birthday)

56

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF

U. S. A.

14. MOTHER'S MAIDEN NAME

Eliza ?

17. INFORMANT ADDRESS
Jerome Owings 1423 Presstman St.

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

Pulmonary edema

DUE TO

hypertensive heart disease

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R S Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

5-29-50

24A. BURIAL CREMATION
(Specify)

24B. DATE

6/1/50

24C. NAME OF CEMETERY OR CREMATORY

Balto. National

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams

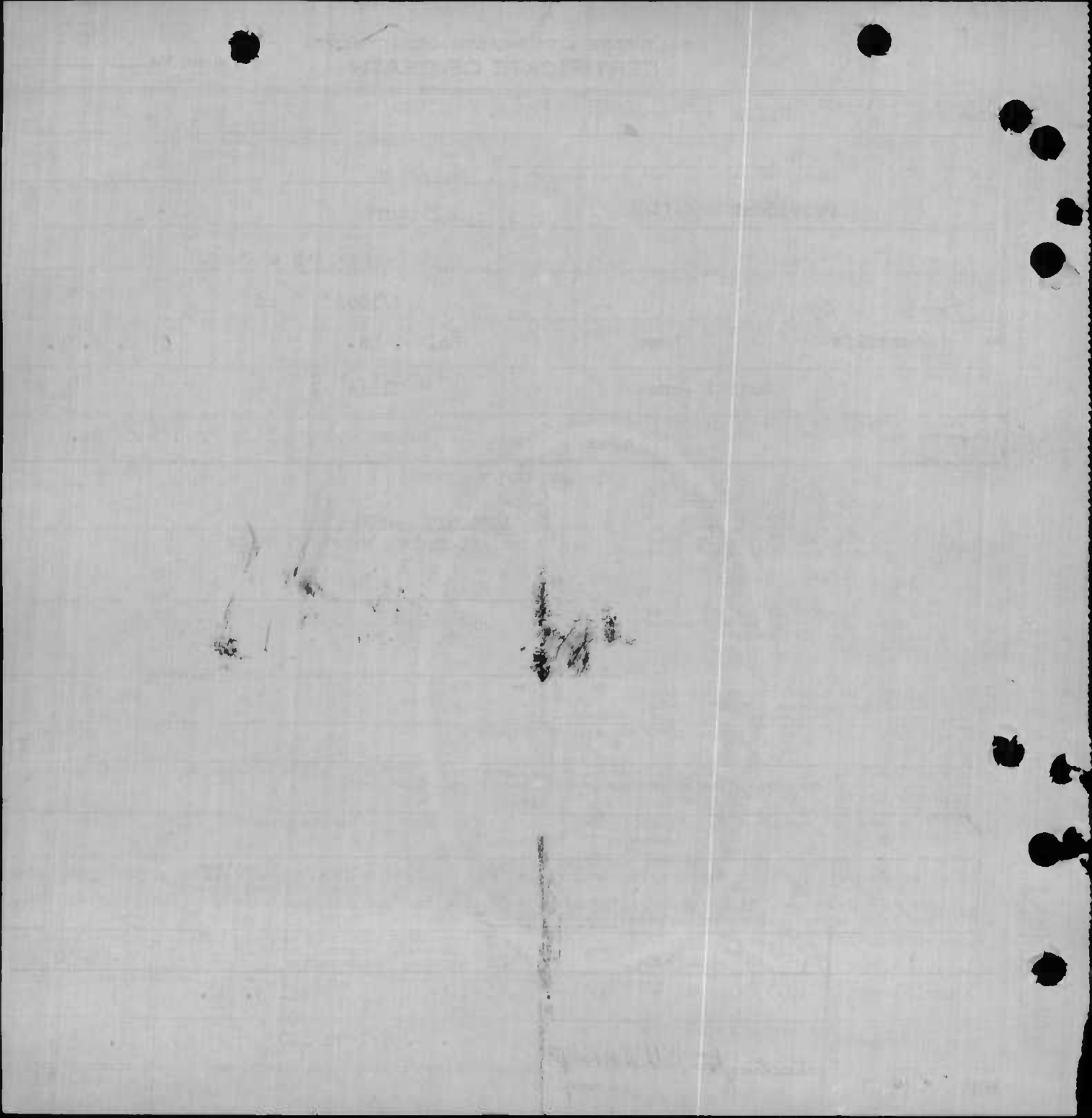
25. FUNERAL DIRECTOR

Geo. G. Nelson 1303 Presstman St.

ADDRESS

MAY 31 1950

935 ✓



B-650

50 4884

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 4884
Registered No.

1. PLACE OF DEATH:

- (a) Baltimore City, Maryland
- (b) Street address 1724 Woodgear St
- (c) Hospital or institution:
- (d) Length of stay in hospital or inst. (yrs., mos., or days)
- (e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:

- (a) State md (b) County
- (c) City or town Baltimore, 15001
(If outside city or town limits, write RURAL and give town)
- (d) Street No. 1724 Woodgear St
(If rural give location)
- (e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME

Viola Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex

fam

5. Color or race

col.

6 (a) Single, married, widowed, or divorced.

married

6 (b) Name of husband or wife

Lester Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

1902

8. AGE: Years Months Days If less than one day

48

hr. min.

9. Birthplace Virginia
(Town, county, and state)10. Usual Occupation House wife

11. Industry or business

12. Name Douglas Ellis13. Birthplace Virginia14. Maiden Name Bessie15. Birthplace Virginia16 (a) Informant Lester Brown(b) Address 1824 Woodgear St17 (a) Burial (b) Date thereof 6-2-50
(Burial, cremation, or removal) (month) (day) (year)(c) Cemetery or crematory mt auburnLocation md18 (a) Funeral director George S. Kelton(b) Address 1303 Pennsylvania St19 (a) MAY 31 1950 (b) Christina Williams
Date rec'd by Registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30th 1950, at 2:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 5, 1950, to May 30, 1950, and that I last saw her alive on 27th 1950.

Immediate cause of death Hepatitis
confined to bed since
March 10, 1950
Due to internal inflammation
with inanition
Due to no desire to eat

Duration

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations 0

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide
- (b) Date of occurrence
- (c) Where did injury occur? (City or town) (County) (State)
- (d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
- (e) Means of injury

23. Signature R. B. Evans, M.D.Address 424 M. Greene St Date signed 5-30-50

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 10-10-2000 BY 60322 UCBAW

LC **P-400**
137069 **50** 4885BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**50** 4885
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Wellington Lee Powell

2. DATE
OF
DEATH

May 30, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Baltimore City Hospitals
4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 20-07D. STREET ADDRESS (If rural, give location)
2733 Edmondson Avenue

c. Length of stay in Baltimore

60 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

April 10, 1871

9. AGE (In years
last birthday)

79

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Stock Room10B. KIND OF BUSINESS OR
INDUSTRY
Md. Metal Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

Robert Powell

14. MOTHER'S MAIDEN NAME

Mary E. Sturgis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
No No16. SOCIAL
SECURITY NO.
217. INFORMANT ADDRESS
Baltimore City Hospitals
Records- 4940 Eastern Avenue

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

Pulmonary Tuberculosis.

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4, 1950, to May 30, 1950 that I last saw the
deceased alive on May 30, 1950, and that death occurred at 3:05 PM, from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

M. D.

23B. ADDRESS

Baltimore City Hospitals
4940 Eastern Avenue

23C. DATE SIGNED

5-31-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 2, 50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore; Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

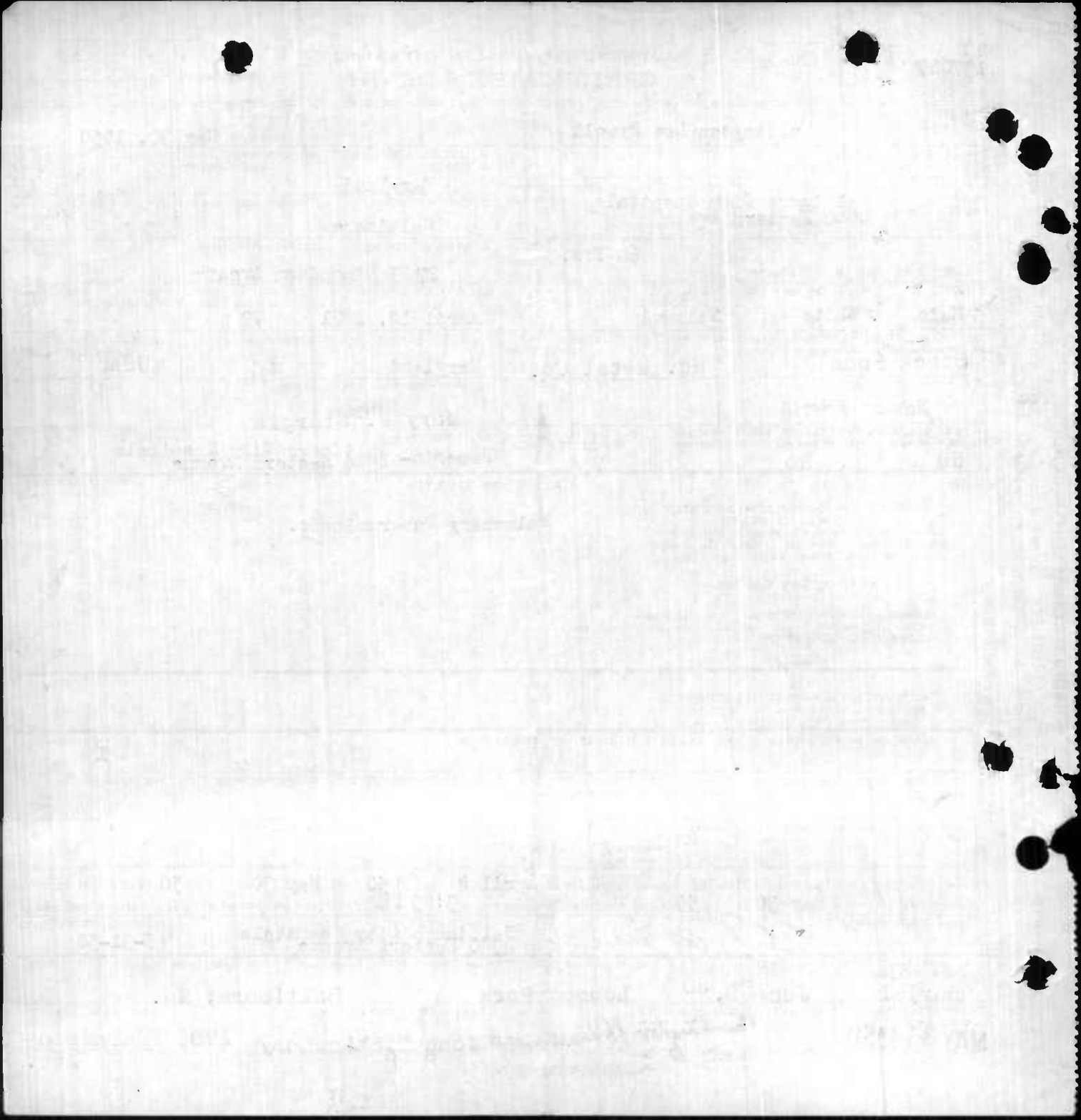
MAY 31 1950

[Signature]

John T Stansbury

2700 Edmondson

Ave.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **50 4886**BIRTH NO. **50 4886**

1. NAME OF DECEASED (Type or Print)		LOT A. TURNER		2. DATE OF DEATH 5-28-50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ind. B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4221 Euclid Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-06			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (if rural, give location) 4221 Euclid Ave.			
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 30 1883	9. AGE (In years: last birthday) 67	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cauler		10B. KIND OF BUSINESS OR INDUSTRY Meat		11. BIRTHPLACE (State or foreign country) Mayland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME John E. Turner		14. MOTHER'S MAIDEN NAME Mary E. Lovelace	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT John Turner 4221 Euclid Ave	

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)(A) **Crownary Occlusion****Sudden**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Cardiovascular Disease****7 Months**(C) **2 Insufficiency**II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION
0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5/10** 19**50**, to **5/28** 19**50**, that I last saw the deceased alive on **5/27** 19**50** and that death occurred at **3:00** pm., from the causes and on the date stated above.23A. SIGNATURE
Eliot W. Johnson

M. D.

23B. ADDRESS
3432 Frederick Ave23C. DATE SIGNED
5/29/5024A. BURIAL, CREMATION, REMOVAL (Specify)
Burial24B. DATE
5-31-5024C. NAME OF CEMETERY OR CREMATORY
Cathedral24D. LOCATION (City, town, or county) (State)
Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

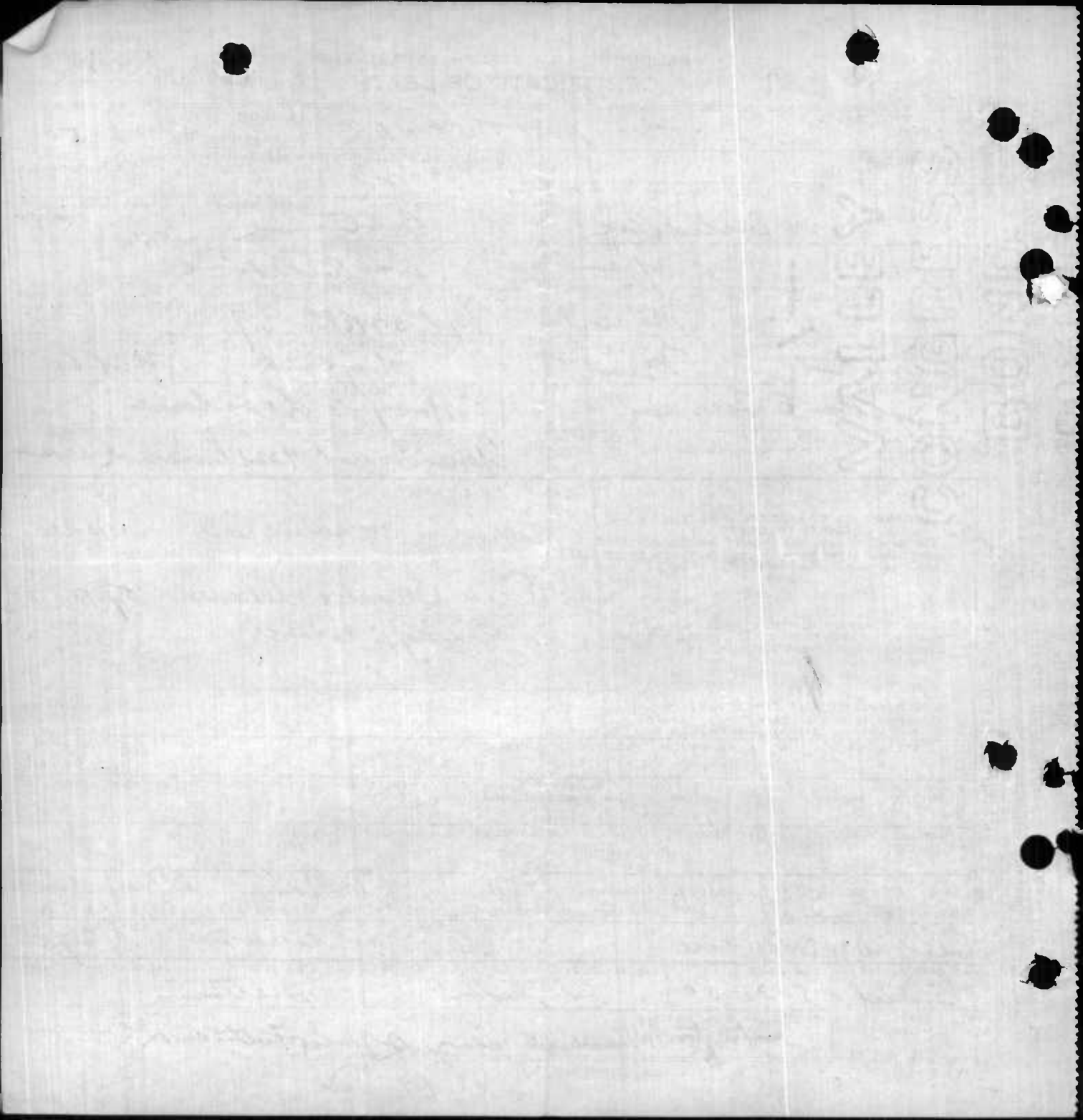
REGISTRAR'S SIGNATURE
Washington Williams25. FUNERAL DIRECTOR
George A. FoleyADDRESS
1215 E. Fayette St.

MAY 31 1950

VS 150

45261

93D



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Florence A. Kopelke

2. DATE
OF
DEATH

5/30/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK

NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from 5/29, 1950, to 5/30, 1950, that I last saw the deceased alive on 5/30, 1950, and that death occurred at 12:20 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

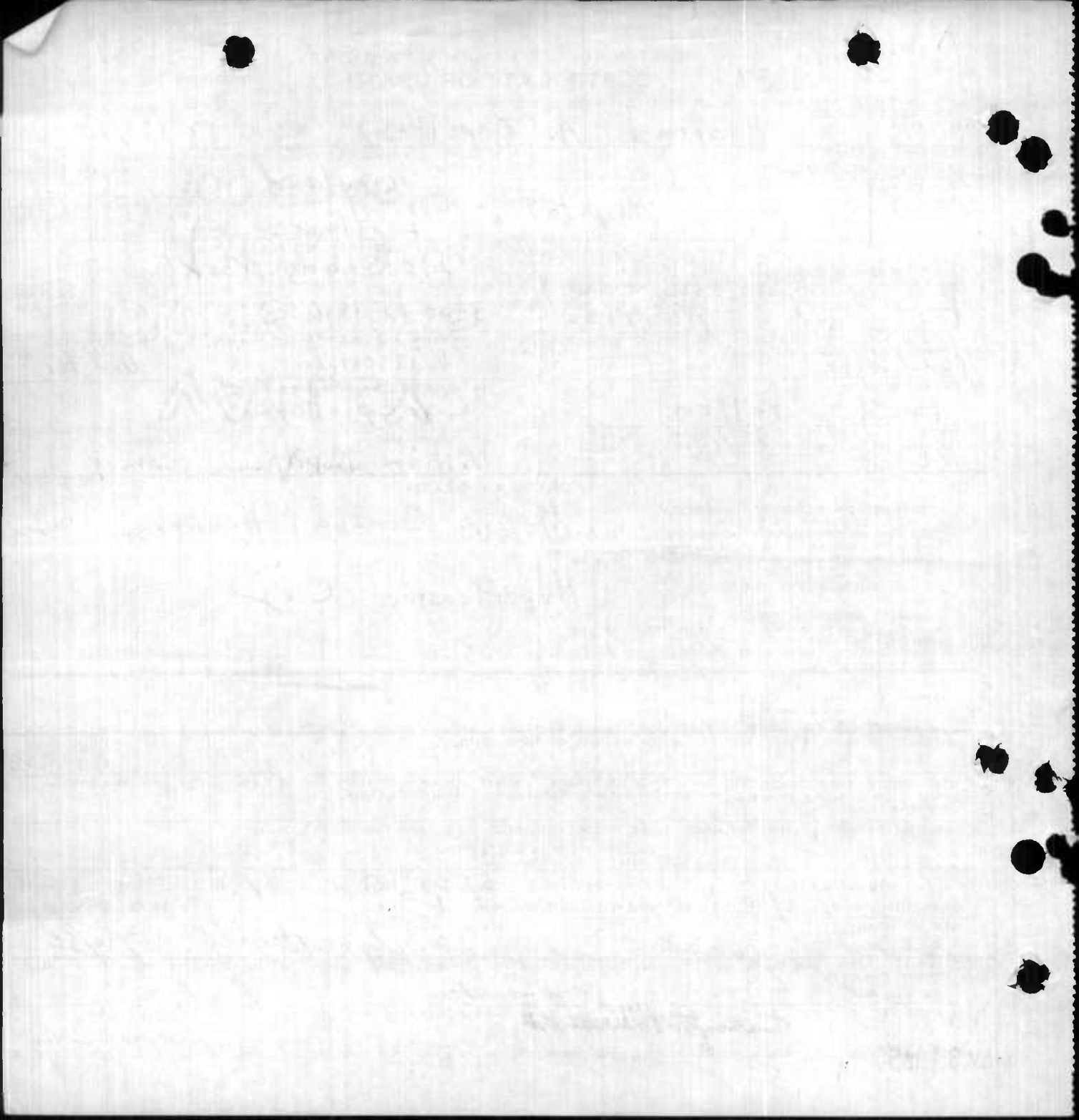
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 31 1950

931



6-5-54 4888

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4888

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Engler

2. DATE OF DEATH May 29, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 1-03

c. Length of stay in Baltimore Unknown

D. STREET ADDRESS (If rural, give location)
2306 Foster Ave.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

2-7-1883

9. AGE (in years last birthday)

67

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Steel Company

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Carl Engler

14. MOTHER'S MAIDEN NAME

Minnie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

Unknown

17. INFORMANT

ADDRESS

Charles T. Engler 2527 Foster Ave. Balto.

18.

420.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley B. Decker M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

May 30, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/2/1950

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel Cemetery

24D. LOCATION (City, town, or county)

Baltimore Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William M. Lilly

25. FUNERAL DIRECTOR

Lilly & Zeller Inc. Balto. 31

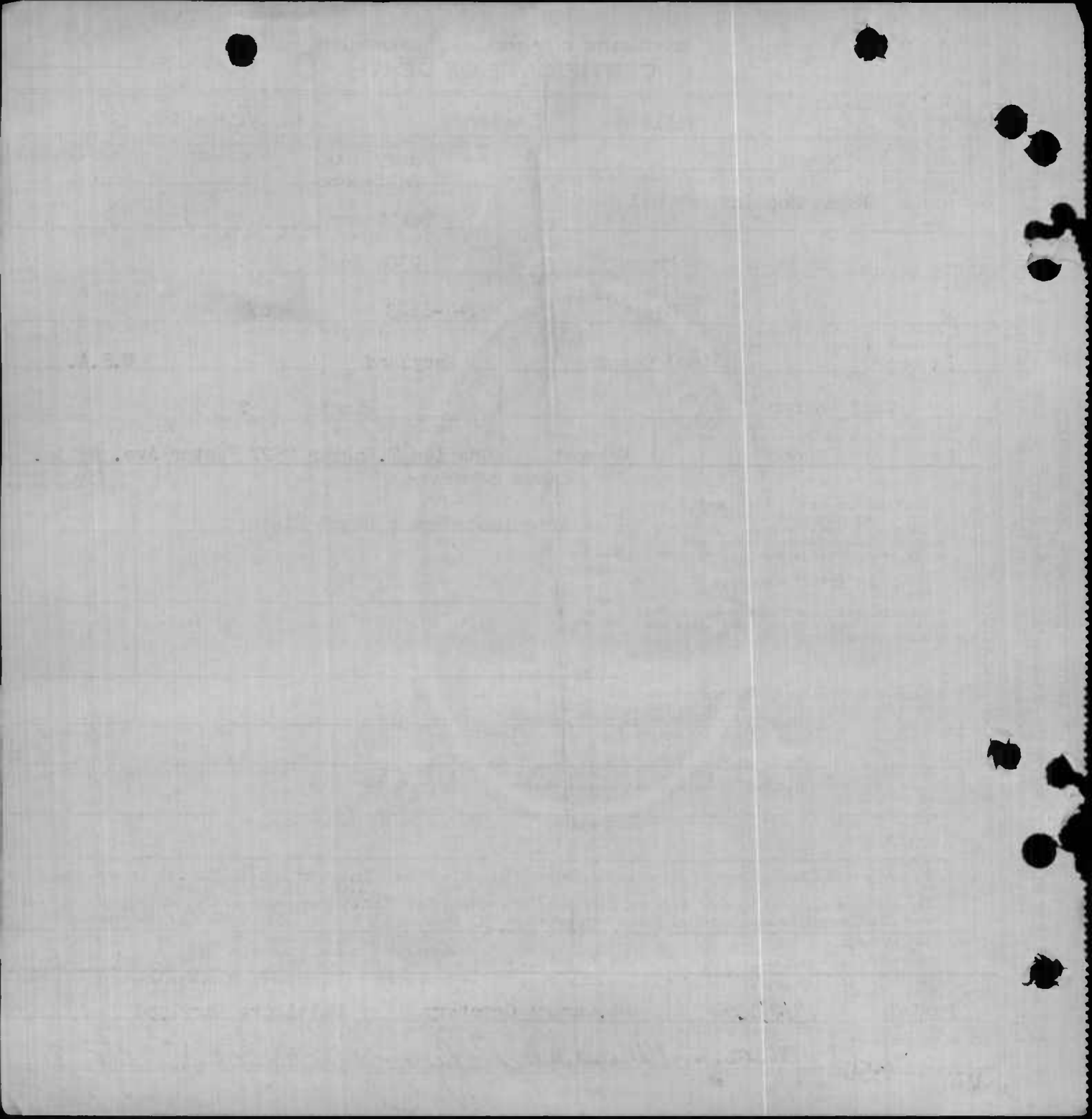
MAY 31 1950

98829

937 V

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4889
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

VALENTINE HERBERICH

2. DATE
OF
DEATH

5-30-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

3412 FAIT AVENUE

Yrs.
Mos.
Days

c. Length of stay in Baltimore

LIFE

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

3-5-1869

9. AGE (In years
last birthday)

81

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Unknown

10B. KIND OF BUSINESS OR
INDUSTRY

RETIRED

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

WILLIAM HERBERICH

14. MOTHER'S MAIDEN NAME

MAGDALENE

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NONE

16. SOCIAL
SECURITY NO.
UNKNOWN

17. INFORMANT

ADDRESS

AGNES HOOVER 3412 FAIT AVE. BALTO., MD.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1, 1936, to 5-29, 1950, that I last saw the
deceased alive on 5-29, 1950, and that death occurred at 10:54 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John J. Gaud

23B. ADDRESS

14 N. Fairview

23C. DATE SIGNED

5-31-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

6/2/1950

24C. NAME OF CEMETERY OR CREMATORY

SACRED HEART

24D. LOCATION (City, town, or county)

BALTIMORE CO. MARYLAND

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Lilly & Zeiler Inc. Balto. 31

ADDRESS

MAY 31 1950

937

~~Dr. King~~

DR. KLJANOWICZ
3500 ERDMAN AVE.

OR. 3920

MU. 7497

1039 No 102

John. Doole:

14 N. East. Ave.

.F.B.I.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4890
Registered No.

BIRTH NO.

50 4890

1. NAME OF DECEASED
(Type or Print)

Prother SIMMS Bennett

2. DATE
OF
DEATH

5/22/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR
INSTITUTION

South Balto General

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore Md 22-01

D. STREET ADDRESS (If rural, give location)

633 S. Hanover St

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb 3-1908

9. AGE (In years
last birthday)

42

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR
INDUSTRY

Chicken Factory

11. BIRTHPLACE (State or foreign country)

Calvert Co. Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

James Simms

CHICKEN

14. MOTHER'S MAIDEN NAME

Elsa Bunely

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

219-05-5345

17. INFORMANT

Katie Moore

ADDRESS

1025 Plum Alley

18.

002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
NOT WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

P. H. Williams

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER.....☐

5/24/50

MEDICAL INVESTIGATOR.....☐24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-1-50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cemetery

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 31 1950

REGISTRAR'S SIGNATURE

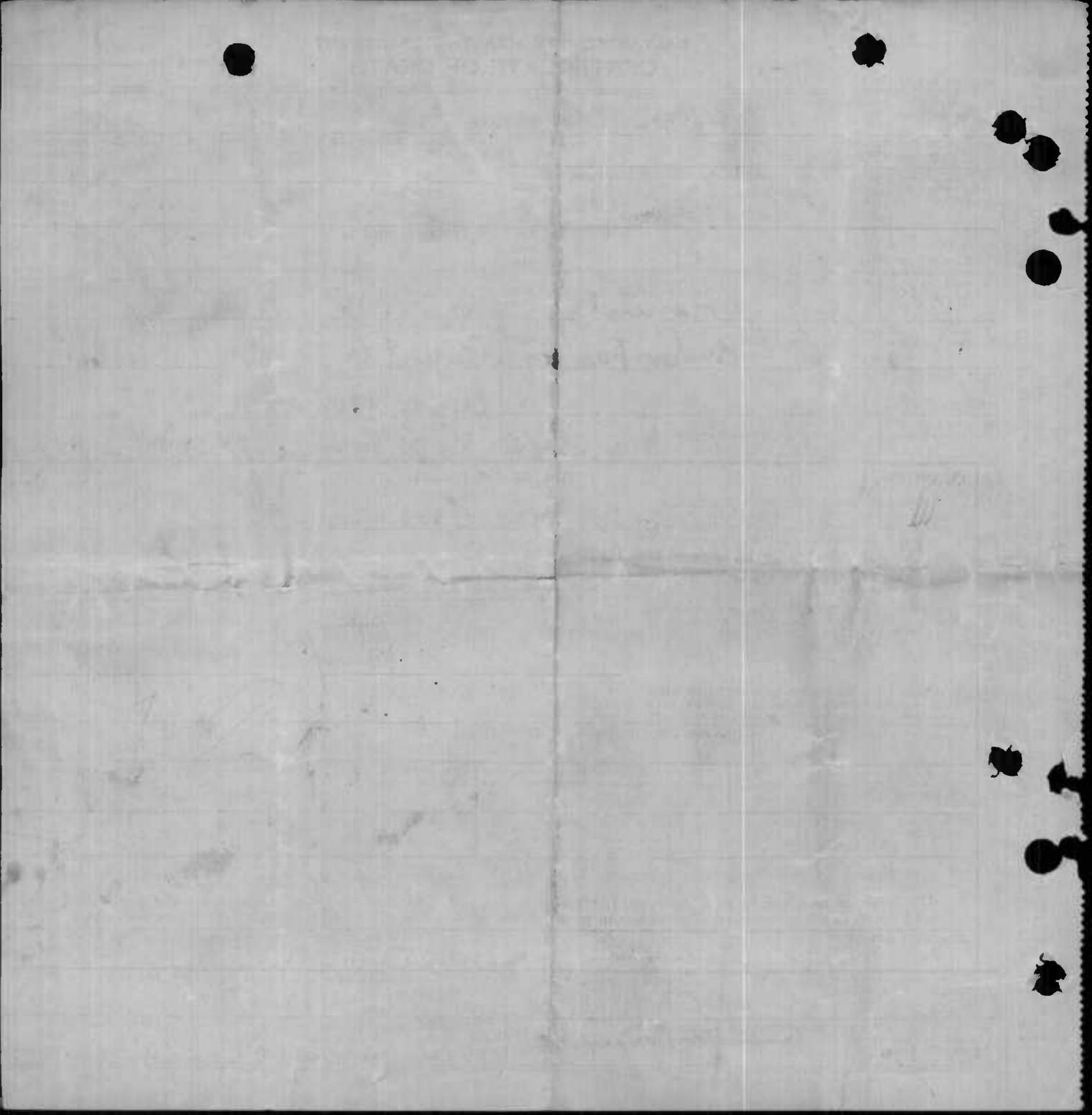
P. H. Williams, M.D.

25. FUNERAL DIRECTOR

Halter B. Spriggs

ADDRESS

139 W. Hampton St



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4891

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

D. PAULA, Rosa A.

2. DATE
OF
DEATH

5/30/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

c. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

9-06

D. STREET ADDRESS (If rural, give location)

1722 E. 30th Street

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

-married

8. DATE OF BIRTH

Aug. 29-1895

9. AGE (In years last birthday)

54

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Salvatore Maggio

14. MOTHER'S MAIDEN NAME

Marie Mortillaro

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Charles E. Di Paula

1722 E

30th

18. 204.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Massive peritoneal hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) Leukemia

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

pneumonitis, pleural effusion

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

I hereby certify that I attended the deceased from 5/17, 1950, to 5/30, 1950, that I last saw the deceased alive on 5/29, 1950, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

James M. Bisanar

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

5/30/50

24A. BURIAL, CREMATION,
REMOVAL (Specify)

24B. DATE

6-2-50

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

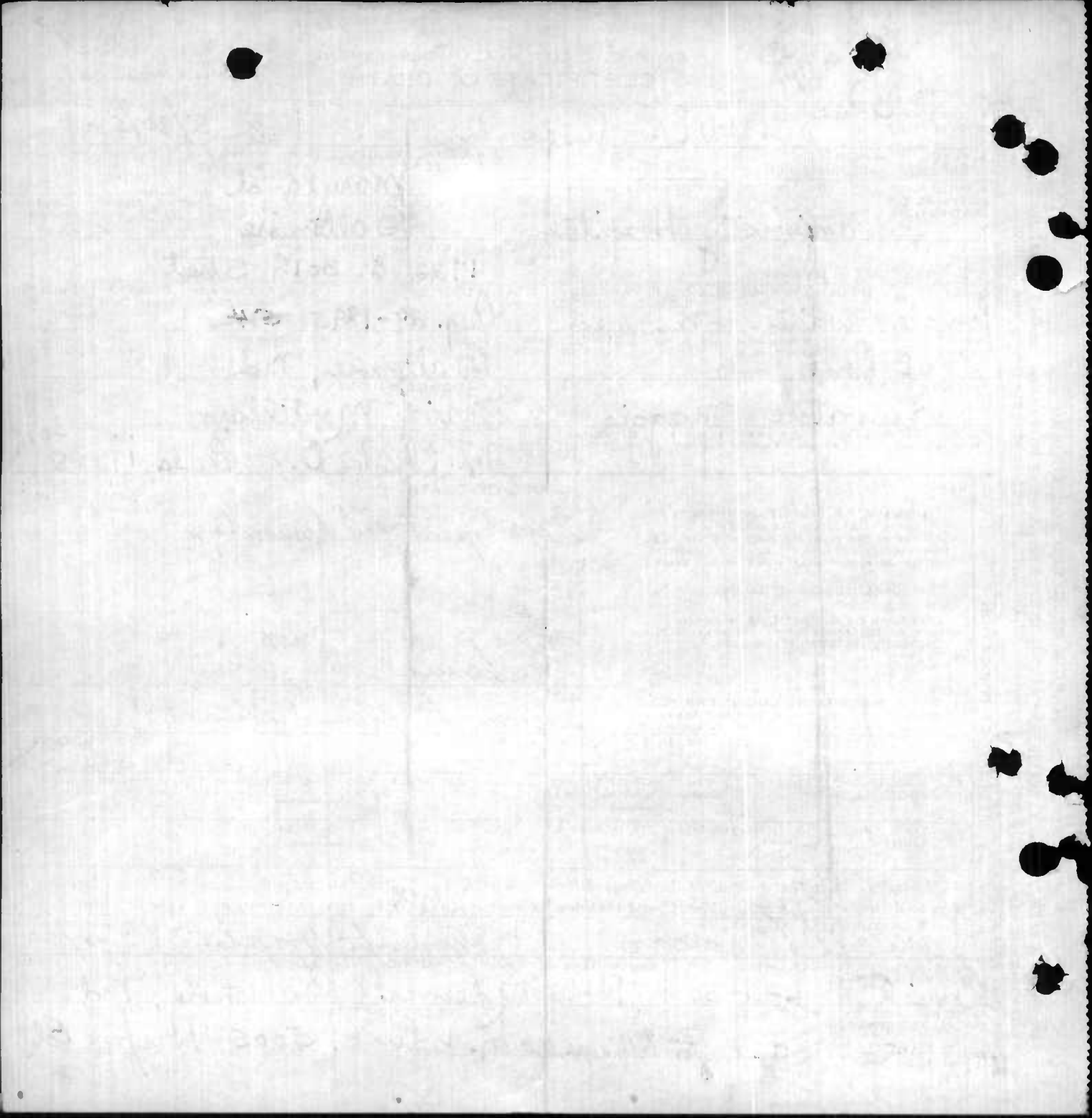
William L. Ruck

5305 Harford Cal

MAY 31 1950

VS 150

74a.



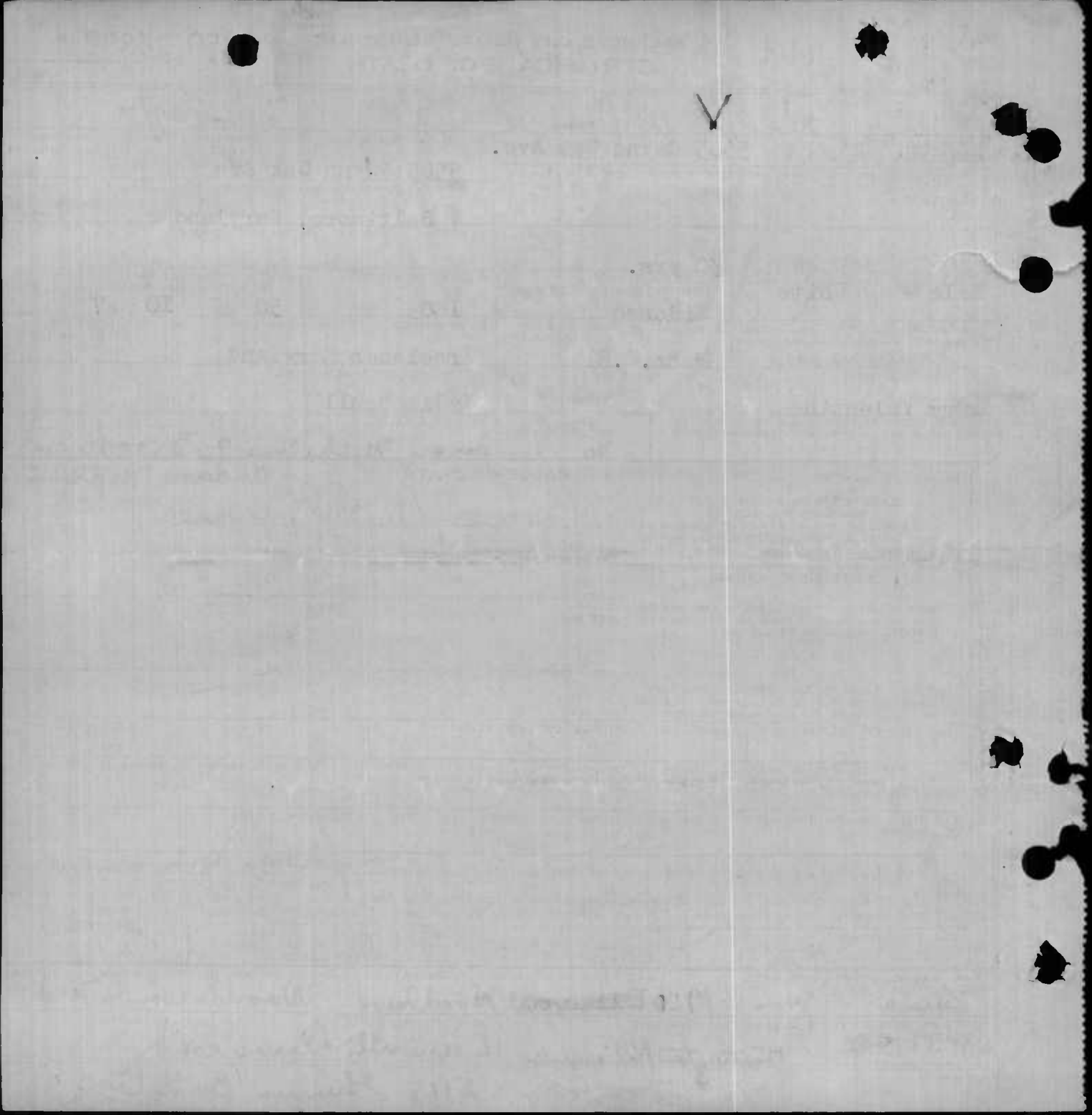
PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-4 5 4892

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 50 4892

BIRTH NO.		CERTIFICATE OF DEATH	
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Guy V. Wilhelm		5/29/50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
5505 Gwynn Oak Ave.		A. STATE B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location)		5505 Gwynn Oak Ave	
HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
		Baltimore, Maryland 28-02	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
30 yrs.			
5. SEX Male		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
Widowed		1889	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday)	
Tramman		50	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Penn. R.R.		Freelands Maryland	
13. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY?	
Guy Valentine			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		No	
17. INFORMANT		ADDRESS	
Guy Wilhelm		9-Brook St	
18. CAUSE OF DEATH		INTERVAL BETWEEN DEATH AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Coronary Artery Disease	
ANTECEDENT CAUSES		(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR?		(If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED	
21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Inspection, Inquiry, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....	
John R. Davis		5/30/50	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Burial		June 1-1950	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Woodlawn		Woodlawn Md	
DATE RECEIVED BY LOCAL REG.		REGISTRAR'S SIGNATURE	
MAY 31 1950		E. E. Smith	
25. FUNERAL DIRECTOR		ADDRESS	
E. E. Smith		942	
5118 Surgen Oak Ave			



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4893
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES F. BAILEY

2. DATE
OF
DEATH

5/29/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Mayland General

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

MD

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 7-08

D. STREET ADDRESS (If rural, give location)

2240 CECIL AVE #18

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

2/15/98

9. AGE (In years last birthday)

52

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Electrician - Gen'l Electric

10B. KIND OF BUSINESS OR INDUSTRY

Motor Repair Shop

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Thomas Franklin Bailey

14. MOTHER'S MAIDEN NAME

Mary Elizabeth MacAbee

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

212-05-3952

17. INFORMANT

Elizabeth D. Bailey

ADDRESS

18. 199.7

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Abdominal malignancy

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) with metastases to lungs

DUE TO

(C) (Primary site not determined)

over

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/14, 1950, to 5/29, 1950, that I last saw the deceased alive on 5/29, 1950, and that death occurred at 5:00 Am., from the causes and on the date stated above.

23A. SIGNATURE

Charles J. Black

M. O.

23B. ADDRESS

Mayland General

23C. DATE SIGNED

5/29/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

24B. DATE

6-1-50

24C. NAME OF CEMETERY OR CREMATORY

CATHEDRAL

24D. LOCATION (City, town, or county)

CITY

(State)

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Widelyfield & Son

MAY 31 1950

Wilmington, Delaware

31659 Greenmount & 22nd

55E

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

See Document File 50-4893

6.26.50

80.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **50 4894**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Beatrice Bank ROBINSON

2. DATE
OF
DEATH

May 30, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

574 Preston St. - W.

C. Length of stay in Baltimore

7 years

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SEPERATED

8. DATE OF BIRTH

2-2-1918

9. AGE (In years last birthday)

32

Under 1 Year Months Days

3 28

Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

UNEMPLOYED

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

SATE, VIRGINIA.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

JAMES BANKS

14. MOTHER'S MAIDEN NAME

ROSIE LEE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

1. INFORMANT ADDRESS
VIRGINIA GROSS - 1213 McCulloh St.

18.

490X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Lobar Pneumonia**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Fatty liver

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley B. Dunsche M.D.

23B. CHIEF MEDICAL EXAMINER ☐

ASSISTANT MEDICAL EXAMINER ☒

23C. DATE SIGNED

May 31, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

6-1-50

24C. NAME OF CEMETERY OR CREMATORY

SATE

24D. LOCATION (City, town, or county) (State)

CHARLOTTE Co. Va.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. A. Jackson

25. FUNERAL DIRECTOR

ADDRESS

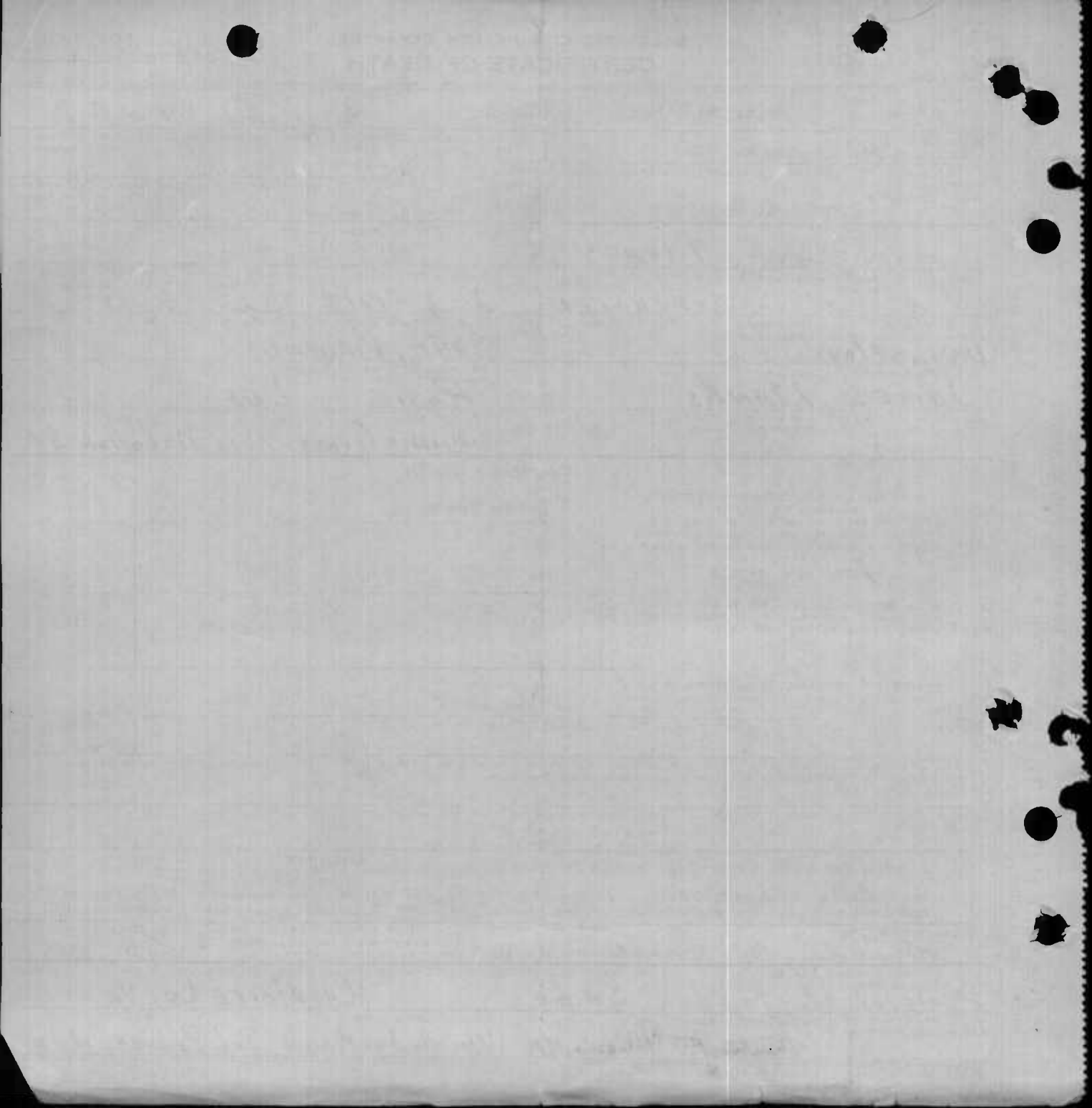
Wm. A. JACKSON 916 PENNA. AVE

MAY 31 1950

108

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.



PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Schley, Wm*2. DATE
OF
DEATH*5/30/50 - 4^{PM}*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *So. Balto. Hosp.*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION

So. Balto. Gen'l Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

*Baltimore**24-03*

D. STREET ADDRESS (If rural, give location)

1137 Light St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Married*

8. DATE OF BIRTH

May 25 - 1881

9. AGE (In years last birthday)

69

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

laborer

10B. KIND OF BUSINESS OR INDUSTRY

Automobile Ind.

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

George H. Schley

14. MOTHER'S MAIDEN NAME

Nancy A. Vire

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Lillian E. Sauer 1430 S. Charlotte

18.

150 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Carcinoma of the esophagus*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) *Ample metastatic nodules
Esophageal carcinoma of the lung*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *4:15 A.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Ala. Brice

23B. ADDRESS

So. Balto. gen'l Hosp.

23C. DATE SIGNED

5/30/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Burial**6/1/1950**Holy Cross**A. A. Co. Md.*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*MAY 31 1950**Winington Williams, M.D.**Flynn & Fleming 1426 Light St.*

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE,
January 11, 1911.

REPORT
OF THE

COMMISSIONER OF THE LAND OFFICE

FOR THE YEAR 1910.

ALBANY:

WILLIAM H. SAWYER, PRINTING OFFICE,

1911.

NEW YORK:

WILLIAM H. SAWYER, PRINTING OFFICE,

1911.

NEW YORK:

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4896

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

CLIFFORD SNODGRASS CARMICHAEL

2. DATE OF DEATH **May 29, 1950**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.** B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION **4608 Maine Ave.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
4608 Maine Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Aug. 22, 1877

9. AGE (In years last birthday)

72

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
retired carman

10B. KIND OF BUSINESS OR INDUSTRY
railroad

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Thomas E. Carmichael

14. MOTHER'S MAIDEN NAME

Margaret Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
705-03-5138

17. INFORMANT ADDRESS
Mrs. Metia F. Carmichael 4608 Maine Ave.

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) **Coronary Thrombosis**

5-29-50

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Chr. Myocarditis**

1948

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Mar 30 - 1949** to **May 29, 1950**, that I last saw the deceased alive on **May 29, 1950**, and that death occurred at **9:15 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Paul Brown**

23B. ADDRESS **1663 W. North St.**

23C. DATE SIGNED **5-31-50**

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE **6/1/50**

24C. NAME OF CEMETERY OR CREMATORY
Loudon Park Cem.

24D. LOCATION (City, town, or county) (State)
Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE **Wm. J. Dickner**

25. FUNERAL DIRECTOR

ADDRESS **Wm. J. Dickner & Sons Balto**

MAY 31 1950

VS 150

49647

93D Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

STATE OF NEW YORK
CERTIFICATE OF DEATH

IN SENATE
JANUARY 1, 1911

TO THE HONORABLE
THE SENATE

OF THE STATE OF NEW YORK

IN SENATE

ON JANUARY 1, 1911

THE SENATE

OF THE STATE OF NEW YORK

IN SENATE

ON JANUARY 1, 1911

THE SENATE

OF THE STATE OF NEW YORK

IN SENATE

ON JANUARY 1, 1911

THE SENATE

OF THE STATE OF NEW YORK

IN SENATE

ON JANUARY 1, 1911

THE SENATE

OF THE STATE OF NEW YORK

IN SENATE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4897

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William P. Jones 484011

2. DATE OF DEATH MAY 29 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE Pa. B. COUNTY V-35

B. FULL NAME OF HOSPITAL OR INSTITUTION
JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Blue Ridge Summit

D. STREET ADDRESS (If rural, give location)
Box 92

C. Length of stay in Baltimore 1 week

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
M.

8. DATE OF BIRTH

4-3-87

9. AGE (In years last birthday)

63

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Banker

10B. KIND OF BUSINESS OR INDUSTRY

Banking

11. BIRTHPLACE (State or foreign country)

Pottsville Pa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Ernest J Jones

14. MOTHER'S MAIDEN NAME

Emma J. Potts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

yes war - 1 -

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 443X1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

? 4 wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Sen. arteriosclerosis

DUE TO

yes

(C) HCUD

yes

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

aneurysms right iliac & popliteal arteries
Cerebral thrombosis

3 wks

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 5-22-1950 to 5-29-1950, that I last saw the deceased alive on 5-29-1950, and that death occurred at 5:55 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Ernest C. Brown Jr.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5/29/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE
June 1-50

24C. NAME OF CEMETERY OR CREMATORY

Charles Behr Cemetery

24D. LOCATION (City, town, or county)

Pottsville Pa

(State)

REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

Ray B. Whitman 403-E-25 St.

ADDRESS

MAY 31 1950

VS 150

1568V

96

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Y04

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4898

Registered No.

BIRTH NO.

4898

1. NAME OF DECEASED
(Type or Print)

Mr. John R. Washburn

2. DATE
OF
DEATH

5-31-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

24

Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

Lutherville Baltimore

C. CITY OR TOWN

Balto. Lutherville

D. STREET ADDRESS (If rural, give location)

Lutherville

5300

c. Length of stay in Baltimore

7

Yes.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

8-3-83

9. AGE (In years
last birthday)

66

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

School Teacher

10B. KIND OF BUSINESS OR
INDUSTRY

Balto City Schools

11. BIRTHPLACE (State or foreign country)

N. Y.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Rev. Henry H. Washburn

14. MOTHER'S MAIDEN NAME

Mary Elizabeth Ryan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Homer Washburn, Lutherville, Md.

18. 442X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Arteriosclerotic Cardio-

DUE TO

(B)

Renal - Vascular Disease

DUE TO

(C)

with Uremia.

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-21-, 1950, to 5-31-, 1950, that I last saw the
deceased alive on 5-31-, 1950, and that death occurred at 3 p. m., from the causes and on the date stated above.

23A. SIGNATURE

C. J. Castulano

M. D.

23B. ADDRESS

Bon Secours Hosp.

23C. DATE SIGNED

5-31-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

June 3, 1950

24C. NAME OF CEMETERY OR CREMATORY

Meadow Ridge

24D. LOCATION (City, town, or county)

aa. Co.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Tunstington Williams

25. FUNERAL DIRECTOR

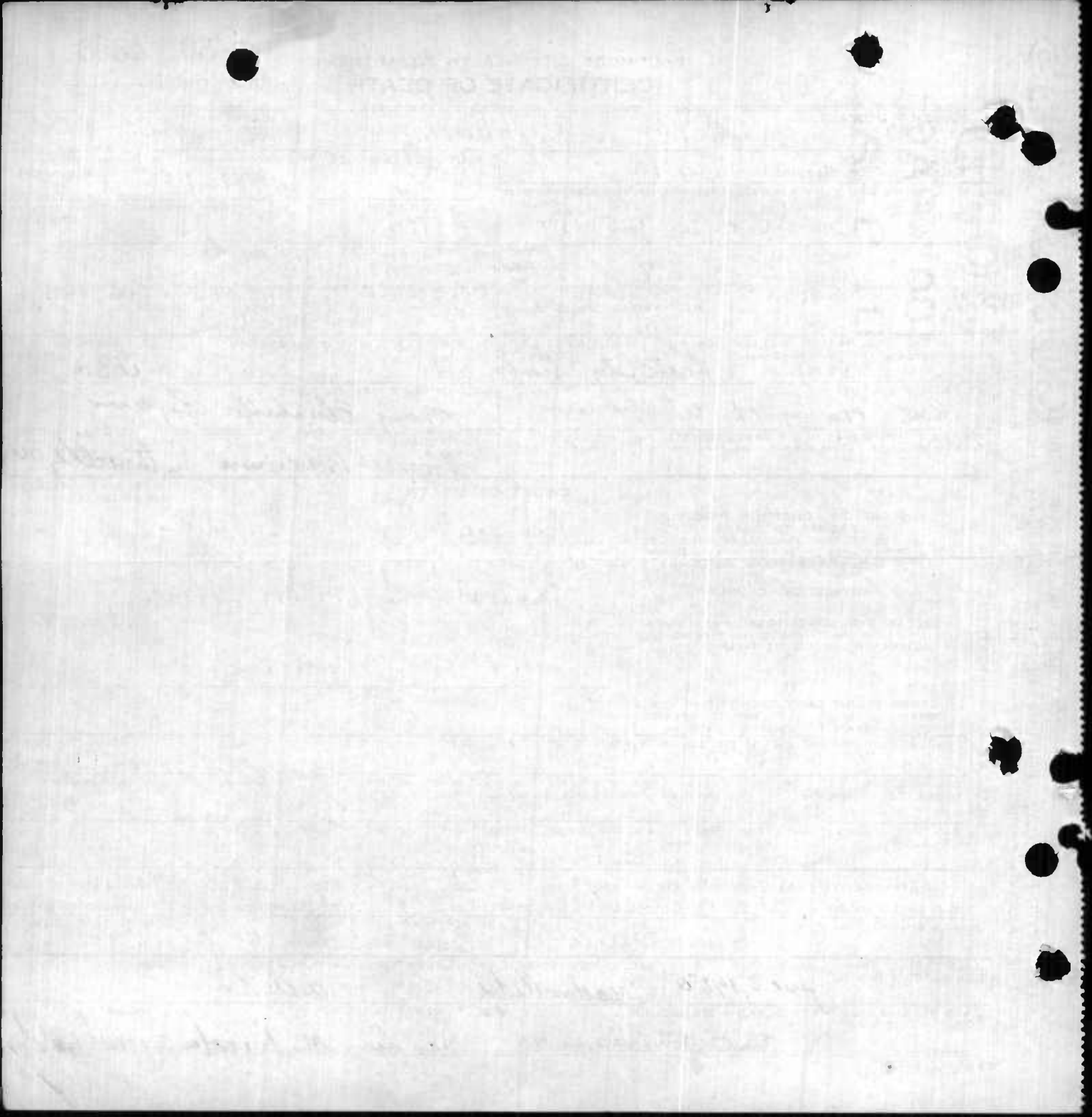
ADDRESS

Sander M. Brooks, Spauld, Md

MAY 31 1950

V34/98

121a



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4899
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

JETTA COHEN

2. DATE
OF
DEATH

5-31-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Leublatt Home

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

6-05

D. STREET ADDRESS (If rural, give location)

417 Broadway - M.

C. Length of stay in Baltimore

58

Yrs.

Mon Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9. AGE (In years-

last birthday)

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

91

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTH PLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Isidore Leven

14. MOTHER'S MAIDEN NAME

Pera

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Cordish 3212 Victoria Road

18. **420.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic Heart Disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Generalized Arteriosclerosis**

DUE TO

(C) **Senility**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT

NOT WHILE

m.

WORK

AT WORK

22. I hereby certify that I attended the deceased from **Aug 1946** to **May 31, 1950**, that I last saw the deceased alive on **May 31, 1950**, and that death occurred at **2:10 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

W. W. Jacobson

23B. ADDRESS

2310 Eutaw Place

23C. DATE SIGNED

5-31-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-2-50

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Monticello N. Y.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Ernest William

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis 2100 Eutaw Pl

VS 150

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Jackson
2310
Curtain

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4900
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Samuel Porey Jr., III

2. DATE
OF
DEATH

5/31/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

40

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore - 3025

D. STREET ADDRESS (If rural, give location)

2011 Leticia Ave

c. Length of stay in Baltimore

3

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 25, 1911

9. AGE (In years last birthday)

39

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Regional Manager

10B. KIND OF BUSINESS OR INDUSTRY

Pabstett Co.

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Samuel Porey Jr., III

14. MOTHER'S MAIDEN NAME

Augustine Smithson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

Joan Porey

ADDRESS

(Same)

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Acute Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/31, 1950, to 5/31, 1950, that I last saw the deceased alive on 5/31, 1950, and that death occurred at 8:40 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Herbert J. Lewickas

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

5/31/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

6/1/50

24C. NAME OF CEMETERY OR CREMATORY

Lawrence

24D. LOCATION (City, town, or county)

Phila., Pa.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Fickner & Sons.

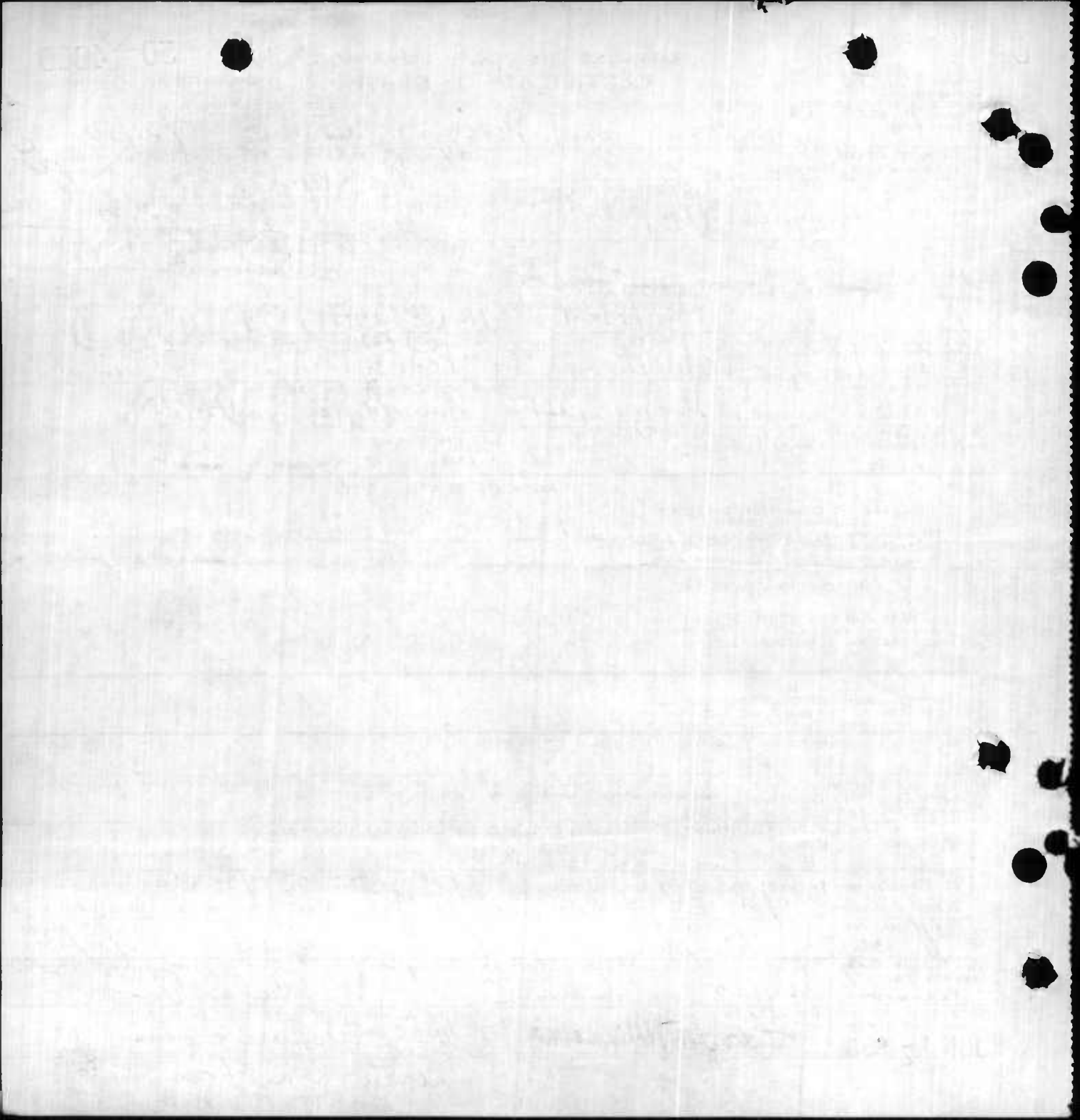
JUN 1 1950

VS 150

156X3 North & Pa. Hous. Balto., Md. 94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

50 4901

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Wilson Crudden

2. DATE OF DEATH
May 29, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2305 St. Paul St.,

B. FULL NAME OF HOSPITAL OR INSTITUTION
(If not in hospital or institution, give street address or location)

St Paul Nursing Home

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 26-10

D. STREET ADDRESS (If rural, give location)
12 N. Clinton St.,

c. Length of stay in Baltimore Lifetime

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Nov 29, 1865

9. AGE (in years last birthday)

84

10. Under 1 Year Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Upholsterer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph Crudden

14. MOTHER'S MAIDEN NAME

Wilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Frank Dobrony 2215 Mura St.,

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Coronary Occlusion

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

6 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Heart Disease

DUE TO

(C) Fractured Hip - Rt

1 month

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE INJURY OCCURRED? (Give exact location)

12 N. Clinton St.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

April 25, 1950 830 A.M.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Slipped on paper on floor and fell to floor

22. I hereby certify that I attended the deceased from May 25, 1950, to May 29, 1950, that I last saw the deceased alive on May 27, 1950, and that death occurred on May 29, 1950, from the causes and on the date stated above.

23A. SIGNATURE

Robert B. Tunney M.D.

23B. ADDRESS

920 St Paul St

23C. DATE SIGNED

5-29-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

24B. DATE

June 1, 1950

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 1 - 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Ullrich Funeral Home 2008 Orleans St.,

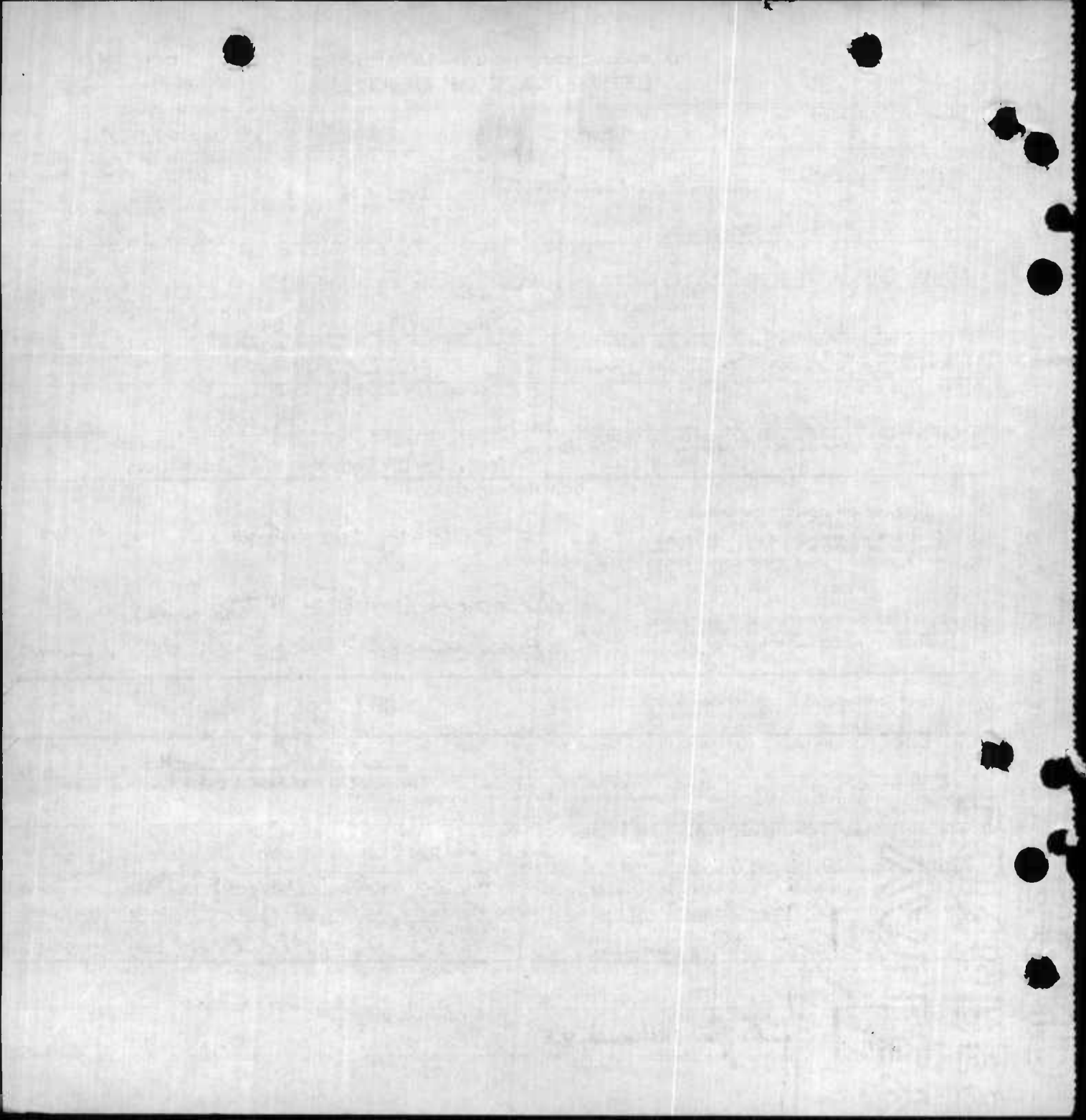
VS 150

N-820.1

186a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4902

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) *Mrs. Helen Baughman*

2. DATE OF DEATH *5/31/50*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE *Maryland* B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION
Church Home & Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 7-03

35 C. Length of stay in Baltimore *Life* Yrs. _____ Mos. _____ Days _____

O. STREET ADDRESS (If rural, give location)
719 N. Chester St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

9. AGE (In years; last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

Female White

Widowed

April 26, 1889

61

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10B. KIND OF BUSINESS OR INDUSTRY
Home

11. BIRTHPLACE (State or foreign country)
Baltimore

12. CITIZEN OF WHAT COUNTRY?
MD.

13. FATHER'S NAME
Conrad Wunderlich

14. MOTHER'S MAIDEN NAME
Katherine Kipp

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Miss S. Schelberg Church Home & Hosp.

18. *420.0*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Arteriosclerotic heart disease*
DUE TO *Grade III decompensation & coronary phlebotomy* *4 years 2 mos.*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Arteriosclerotic nephrosclerosis*
DUE TO _____ *3 mos.*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) *Septicemia* *3 years*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May 23*, 19*50*, to *May 31*, 19*50*, that I last saw the deceased alive on *May 31*, 19*50*, and that death occurred at *2:35 A. M.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

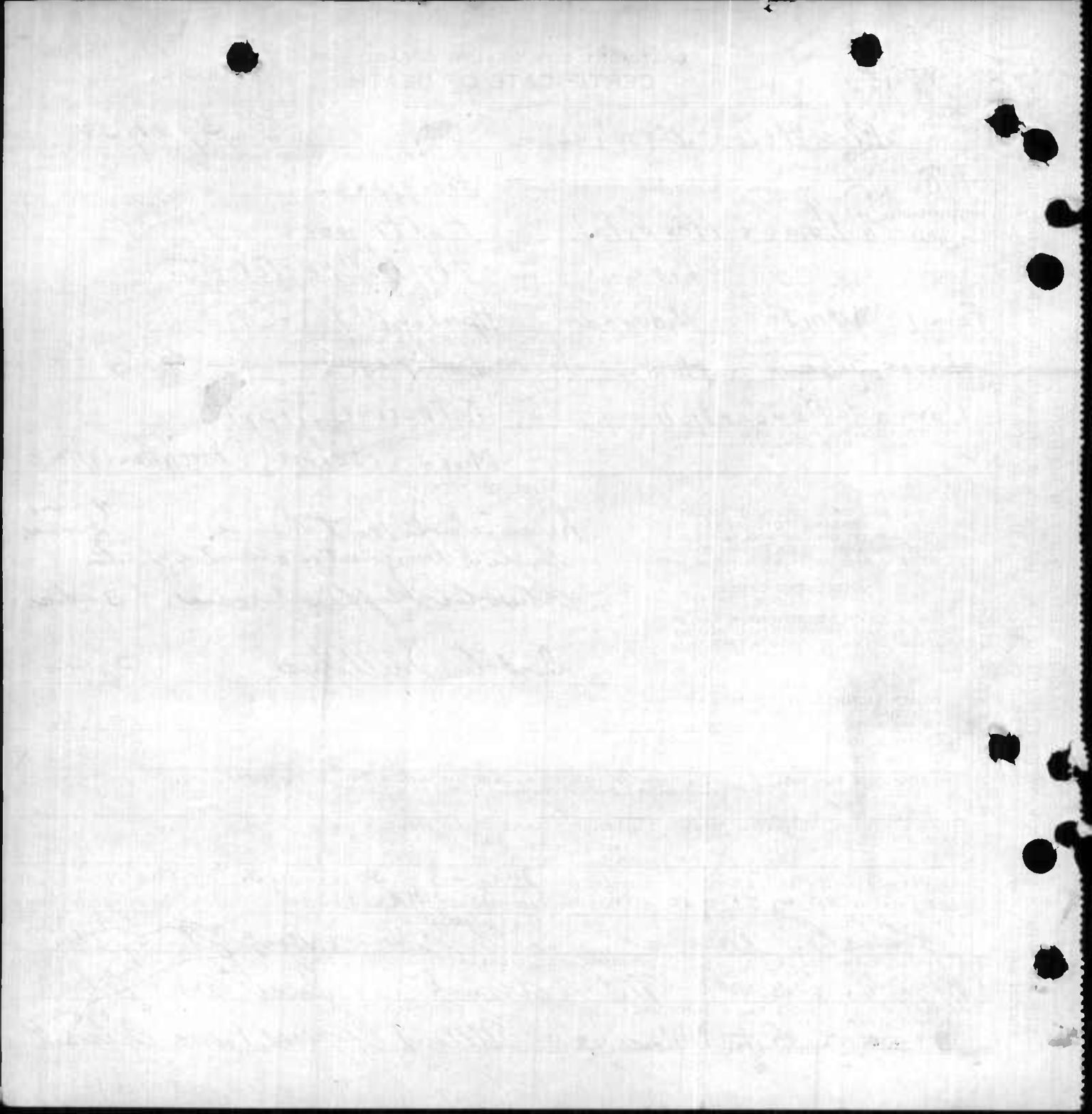
JUN 1 - 1950

Winnington Williams, Jr.

Willard Funeral Home Baltimore

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **50 4903**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY

McCREARY

2. DATE
OF
DEATH

May 25, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

714 Carroll Street

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

9. AGE (In years last birthday)

68

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BAKERS' HELPER

10B. KIND OF BUSINESS OR INDUSTRY

BAKERY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George B. McCready

14. MOTHER'S MAIDEN NAME

Fannie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Robert Poole-Arbutus Md.-107 2nd. St.

18.

011X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Tuberculosis Peritonitis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

MEDICAL CERTIFICATION

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

RS Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

6/1/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

June 15

24C. NAME OF CEMETERY OR CREMATORY

Balto Nat

24D. LOCATION (City, town, or county)

Balto Belts

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Ermacost. 5118 Gwyn Oaks

VS 151

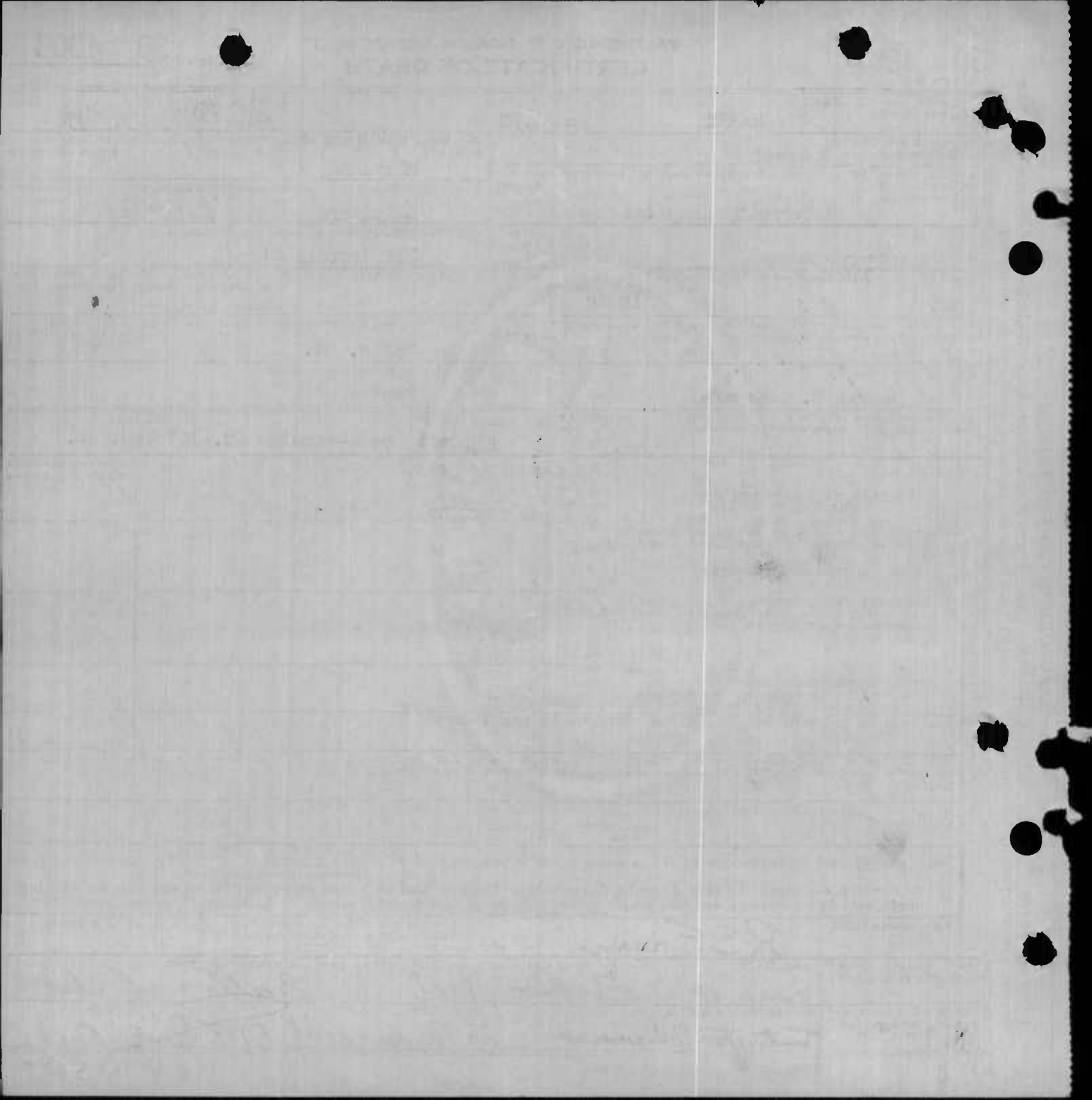
496XV

150

600

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4904

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

(WILLIAM WOODHOUSE)

2. DATE
OF
DEATH

May 31, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

37 Mercy Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Ammendale Normal Institute

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

Wh

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S.

8. DATE OF BIRTH

2/16/1868

9. AGE (In years
last birthday)

82

10 Under 1 Year
Months: Days

3

15

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Brother

10B. KIND OF BUSINESS OR INDUSTRY

Religious

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown (Woodhouse)

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

W. W. Chambers G. Riverdale Md.

18. E903.7

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchial Pneumonia

DUE TO

1 da.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Fractured Right Femur

DUE TO

3 da.

(C)

CERTIFICATION APPROVED BY

Dr. Wm. G. Helfrich

CHIEF OR ASST. MEDICAL EXAMINER.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic Cardiovascular Hypertension Degenerative

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

accident

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Normal Institute

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Md. Ammendale Normal Institute, Ammendale

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

May 28, 1950 ? p. m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Just walking along when he collapsed

22. I hereby certify that I attended the deceased from 5-28, 1950, to 5-31, 1950, that I last saw the deceased alive on 5-31, 1950, and that death occurred at 10:10 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Clifford P. Ricks Jr.

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

5-31-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/3/50

24C. NAME OF CEMETERY OR CREMATORY

Ammendale Normal Institute Prince George Co Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 7 1950

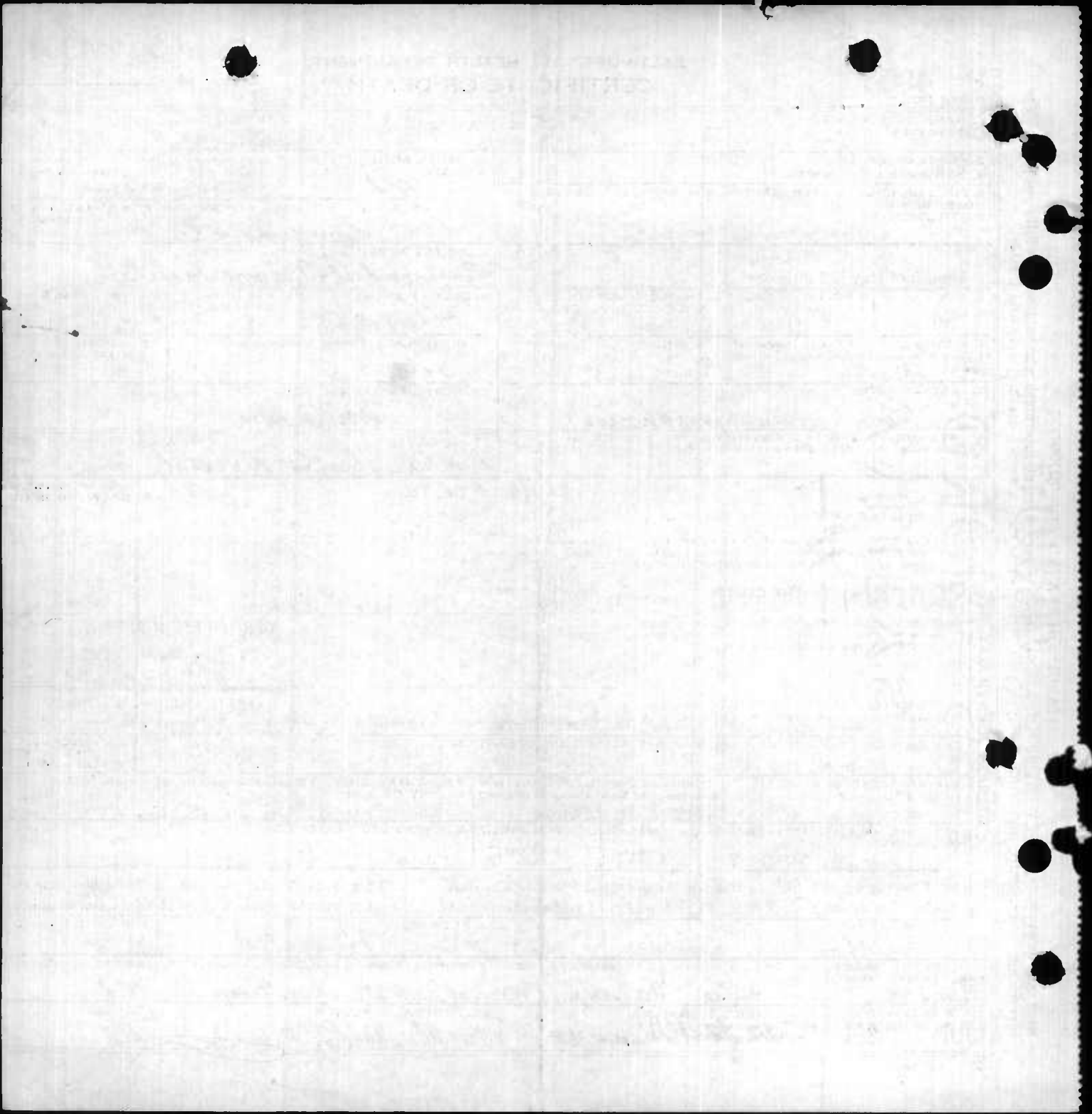
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

W. W. Chambers G. Riverdale Md.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4905

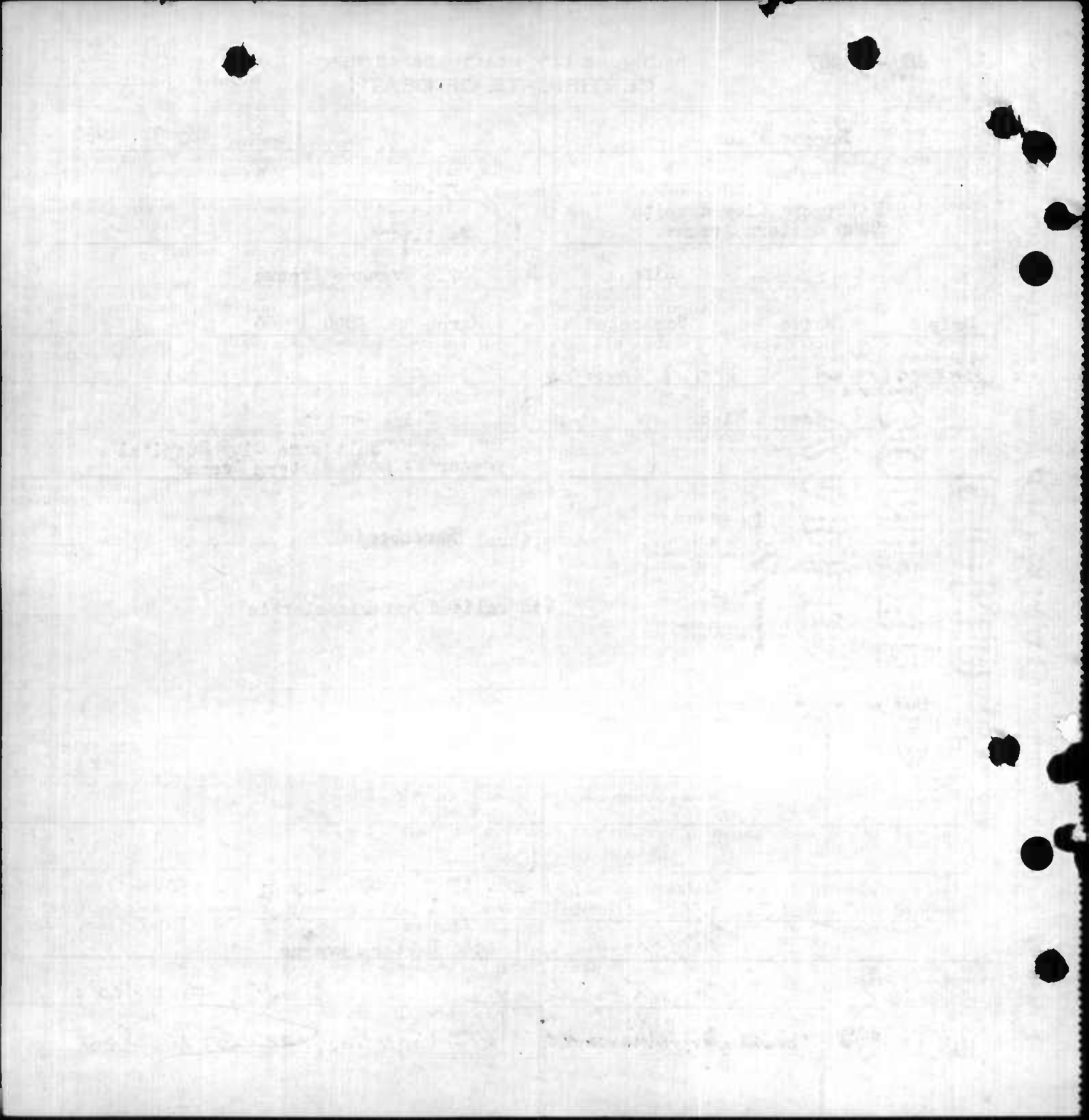
Registered No. _____

1. NAME OF DECEASED (Type or Print) Eugene Black			2. DATE OF DEATH May 31, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospital 4940 Eastern Avenue 31			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-10		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 4716 Ivanhoe Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH March 30, 1890	9. AGE (In years last birthday) 60	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed			10B. KIND OF BUSINESS OR INDUSTRY House Painter		
13. FATHER'S NAME Joseph Black			14. MOTHER'S MAIDEN NAME Eliza Graham		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Baltimore City Hospital			ADDRESS Records: 4940 Eastern Avenue		

18. 332X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Cerebral Thrombosis DUE TO ANTECEDENT CAUSES (B) Generalised Arteriosclerotic DUE TO (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
---	----------------	----------------------------------

19A. DATE OF OPERATION 2	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Nov. 15 , 1949, to May 31 , 1950, that I last saw the deceased alive on May 31 , 1950, and that death occurred at 1 A m., from the causes and on the date stated above.		
23A. SIGNATURE <i>Ch. Rogers</i>	23B. ADDRESS M. D. 4940 Eastern Avenue	23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/2/50	24C. NAME OF CEMETERY OR CREMATORY Lorraine	24D. LOCATION (City, town, or county) (State) Balto. Co. Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 1 - 1950	REGISTRAR'S SIGNATURE <i>Montgomery Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS Wm Cook Inc. 1217 St. Paul St	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4906
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) *Charles De MAINE*

2. DATE OF DEATH *MAY 31, 1950*

3. PLACE OF DEATH:

A. Baltimore City, Maryland*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Md.* B. COUNTY *Baltimore Co.*

B. FULL NAME OF HOSPITAL OR INSTITUTION *Pinecrest Sanatorium
6000 Maple Gate Rd.*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *28-04*

C. Length of stay in Baltimore *2 yrs*

D. STREET ADDRESS (If rural, give location) *6000 Maple Gate*

5. SEX

MALE

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) *Married*

8. DATE OF BIRTH

11/3/70

9. AGE (In years last birthday)

79

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Road worker

10B. KIND OF BUSINESS OR INDUSTRY

Md. State Road

11. BIRTHPLACE (State or foreign country)

Phila. Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John De Maine

14. MOTHER'S MAIDEN NAME

Adeline Diehl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS *Balto. Co. Welfare Dept.*

18. *443X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) *CHRONIC MYOCARDITIS AND MYOCARDIAL DEGENERATION*

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Hypertensive Cardio-Vascular Disease*

DUE TO

9 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) *Hemiplegia, Left Side*

7 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *June 1, 1948*, to *MAY 31, 1950*, that I last saw the deceased alive on *MAY 30, 1950*, and that death occurred at *8:20 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Melvin H. Buden

M. D.

23B. ADDRESS

2030 W. Fayette St.

23C. DATE SIGNED

5/31/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/2/50

24C. NAME OF CEMETERY OR CREMATORY

St. John's

24D. LOCATION (City, town, or county)

Ellicott City Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 1 - 1950

REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

Mac Nabb & Son

ADDRESS

Catonsville 28 93D

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE,
January 1, 1901.

REPORT OF THE
COMMISSIONER OF THE LAND OFFICE

FOR THE YEAR 1900.

ALBANY:

J. B. LEECH, STATE PRINTER.

1901.

THE COMMISSIONER OF THE LAND OFFICE

REPORTS TO THE SENATE

AND TO THE HOUSE OF ASSEMBLY

ON THE 1ST JANUARY, 1901.

ALBANY:

J. B. LEECH, STATE PRINTER.

1901.

THE COMMISSIONER OF THE LAND OFFICE

REPORTS TO THE SENATE

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4907
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DAVID TREPOLSKY

2. DATE OF DEATH

6-1-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4201 Maine Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 28-02

C. Length of stay in Baltimore

45

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4201 Maine Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (in years, last birthday)

78

10. Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR INDUSTRY

Confectionery

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Samuel

14. MOTHER'S MAIDEN NAME

Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Ida Trepolksy 4201 Maine Ave

18. *450.0*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

General arteriosclerosis

Yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1943*, 19, to *6-1*, 19*50*, that I last saw the deceased alive on *5-21*, 19*50*, and that death occurred at *34* m., from the causes and on the date stated above.

23A. SIGNATURE

Greenblatt

23B. ADDRESS

2320 Eutaw Place

23C. DATE SIGNED

6/1/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

6-1-50

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Mt. Cemetery

24D. LOCATION (City, town, or county)

Balt Md

DATE RECEIVED BY LOCAL REGISTRAR

JUN 1 - 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis & Co

ADDRESS

2100 Eutaw Pl

Kersh
3001 Lawrence Blvd
Mo 5062

SATOsky

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. 50 4908

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) *Bernard Satosky*2. DATE OF DEATH *May 31, 1950*3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *md.*
B. COUNTYB. FULL NAME OF HOSPITAL OR INSTITUTION *JOHNS HOPKINS HOSPITAL*C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
*Baltimore 28-01*C. Length of stay in Baltimore *Life*
Yrs. Mos. DaysD. STREET ADDRESS (If rural, give location)
4202 Newburn Ave.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

9. AGE (in years last birthday) *29*10. Under 1 Year Months: Days
11. Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
*Vice President*10B. KIND OF BUSINESS OR INDUSTRY
*Globe Mfg Co*11. BIRTH PLACE (State or foreign country)
Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
*Earl*14. MOTHER'S MAIDEN NAME
*Rose*15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
yes

16. SOCIAL SECURITY NO.

17. *JOHNS HOPKINS HOSPITAL* ADDRESS18. *541.0*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Intestinal abdominal distress.**2 days*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Duodenal ulcer**3-4 yrs*

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.*Gastric Reaction**2 wks*19A. DATE OF OPERATION
*5-15-50*19B. MAJOR FINDINGS OF OPERATION
Duodenal ulcer

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

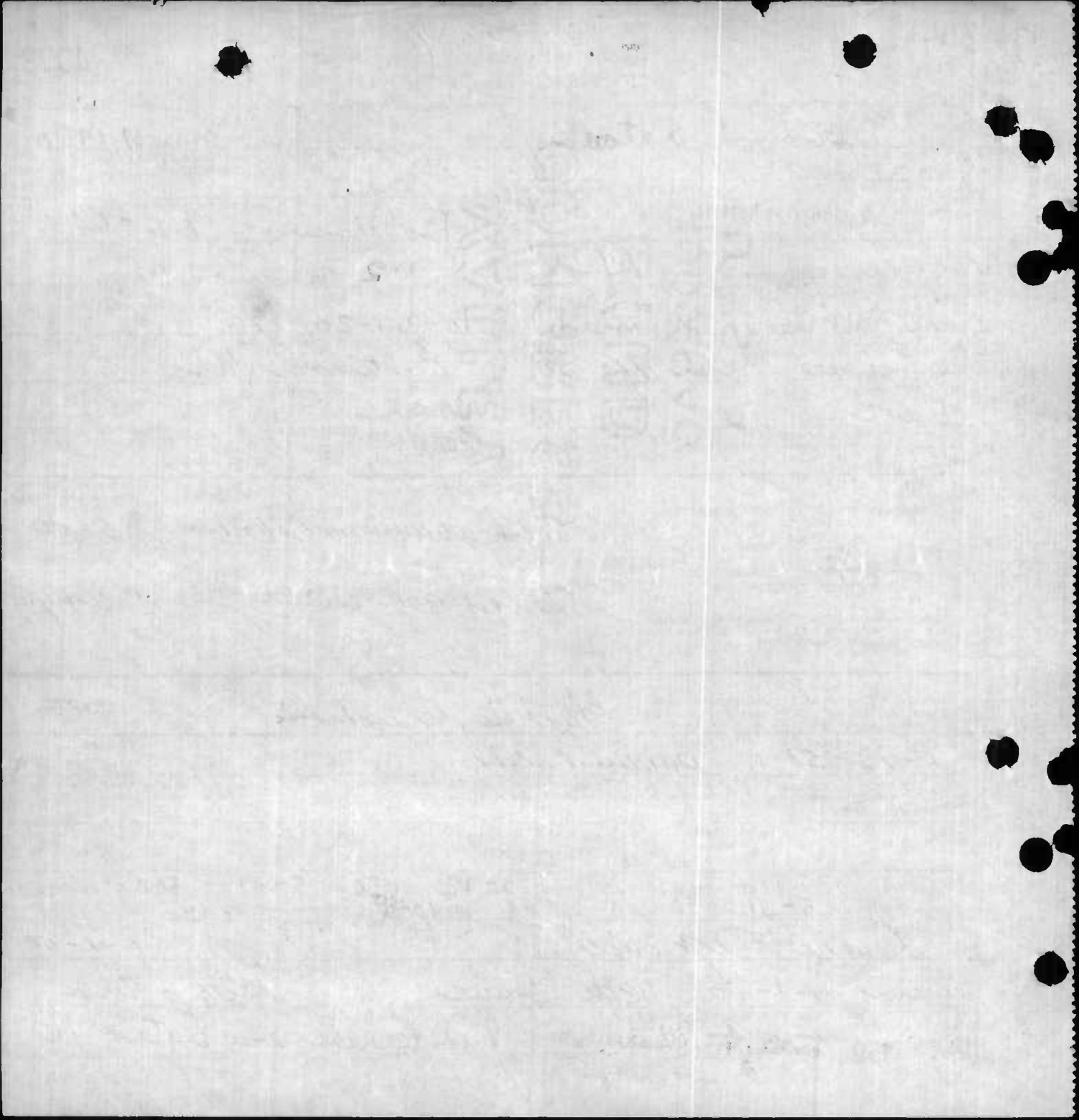
22. I hereby certify that I attended the deceased from *5-12*, 1950 to *5-31*, 1950 that I last saw the deceased alive on *5-31*, 1950, and that death occurred on *5-31*, 1950, from the causes and on the date stated above.23A. SIGNATURE
Quane F. Merrill

M. D.

23B. ADDRESS
*JOHNS HOPKINS HOSPITAL*23C. DATE SIGNED
6-1-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE
*6-1-50*24C. NAME OF CEMETERY OR CREMATORY
*Beth Isaac*24D. LOCATION (City, town, or county) (State)
*Balto, Md*DATE RECEIVED BY LOCAL REGISTRAR
*JUN 1 - 1950*REGISTRAR'S SIGNATURE
*Wilmington Williams*25. FUNERAL DIRECTOR
*Jack Levine*ADDRESS
2100 Centaw Rd



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4909
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary

McGoldrick

2. DATE
OF
DEATH

May 30, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

4-02

D. STREET ADDRESS (If rural, give location)

643 W. Lombard St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (In years last birthday)

43

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

?

11. BIRTHPLACE (State or foreign country)

?

12. CITIZEN OF WHAT COUNTRY?

?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

?

17. INFORMANT

ADDRESS

Mrs. E. Lepton 661 W. Fayette St.

18.

E922X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Asphyxiation due to carbon monoxide poisoning

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

643 W. Lombard St.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

May 30, 1950

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

but unlit

Illuminating gas-2 burners on range open

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley K. Decker M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR

23C. DATE SIGNED

May 30, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 2-1950

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cem.

24D. LOCATION (City, town, or county)

Annund. County, Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 1 - 1950

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

Joe Kasinickas Dr. 602 W. Wood

ADDRESS

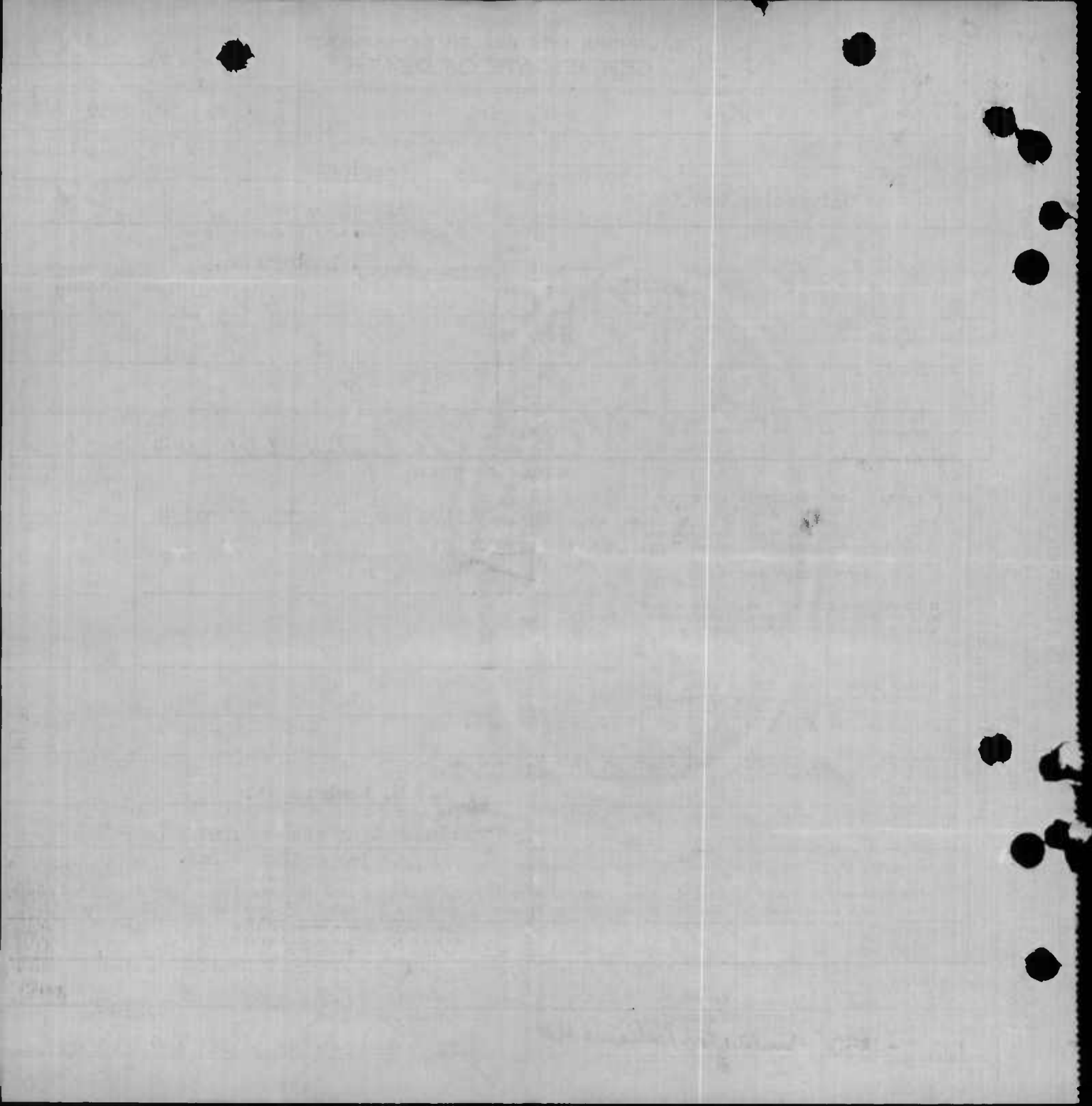
163 H

VS 151

N-968.0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4910

Registered No. _____

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LUCY C. DOELL

2. DATE
OF
DEATH

May, 30th 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

4415 Elderon Ave.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4415 Elderon Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4415 Elderon Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 21st, 1887

9. AGE (In years,
last birthday)

62

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At home

11. BIRTHPLACE (State or foreign country)

Baltimore Co., Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Israel Disney

14. MOTHER'S MAIDEN NAME

Sarah A. Corbin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Frederick A. Doell 4415 Elderon Ave.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4, 1950, 1950, that I last saw the
deceased alive on 5/29, 1950, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Henry Russell

23B. ADDRESS

3902 Greenleaf

23C. DATE SIGNED

5/30/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

June, 1st 1950

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

24D. LOCATION (City, town, or county) (State)

Pikesville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 1 - 1950

REGISTRAR'S SIGNATURE

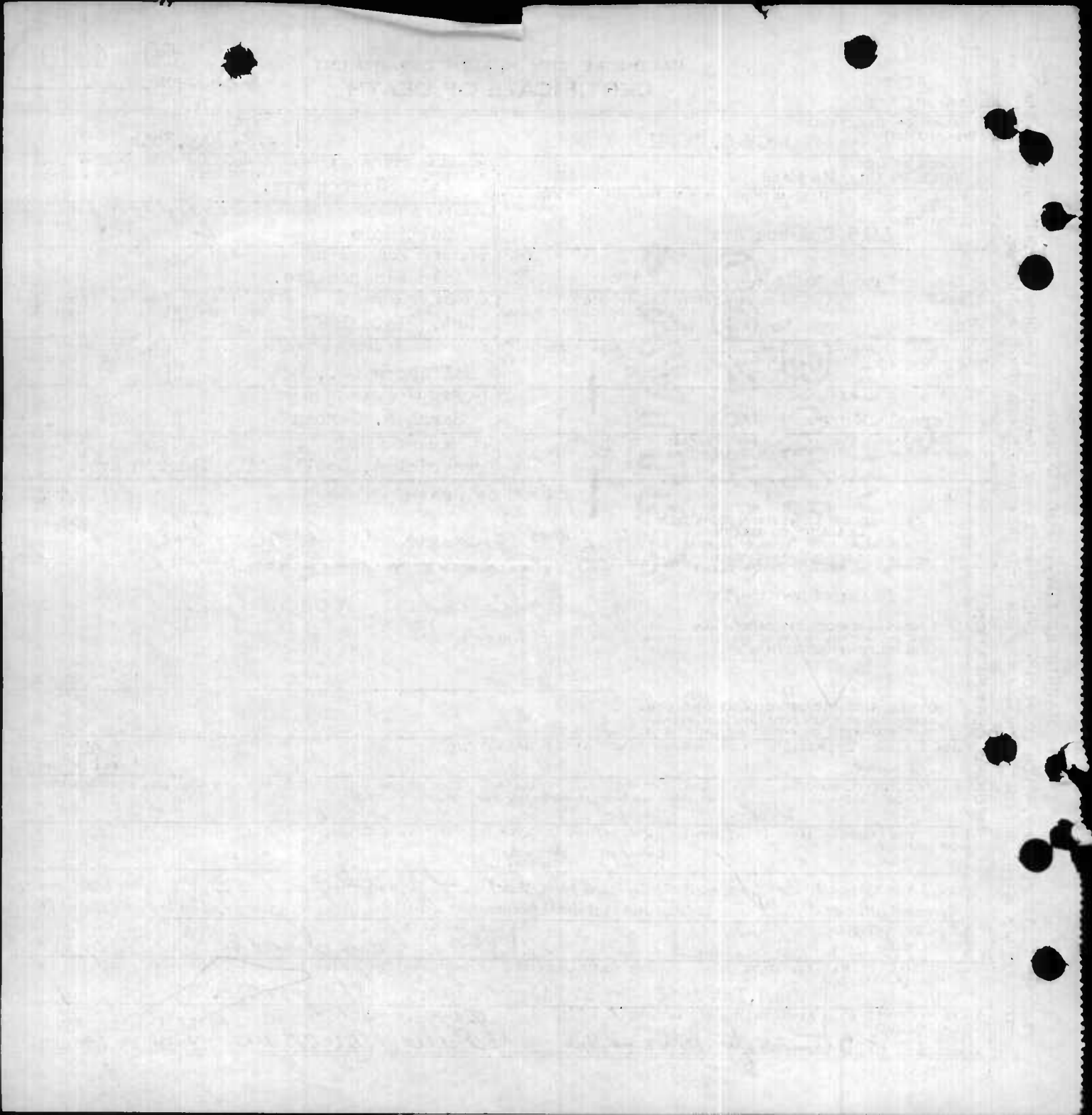
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

E. Willis Lammoran

ADDRESS

4510 Liberty
Heights Avenue



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4911
Registered No.

BIRTH NO. 50 4911

1. NAME OF DECEASED
(Type or Print)

Monroe Harrison

2. DATE
OF
DEATH

May 31, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

6 - Med

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHN HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

200 W. Wolfe St.

5. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

11-19-75

9. AGE (in years last birthday)

75

10. Under 1 Year Months: Days

Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Painter, employed

10B. KIND OF BUSINESS OR INDUSTRY

House

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Reuben L Block

14. MOTHER'S MAIDEN NAME

Elyse Graham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes/no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHN HOPKINS HOSPITAL

ADDRESS

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Hemorrhage into internal capsule of brain

DUE TO

(B) Arteriosclerotic Cardio-vascular disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

pulmonary arrested, tuberculosis, LLL

INTERVAL BETWEEN ONSET AND DEATH

1 week

many years

many years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-23-1950 to 5-31-1950, that I last saw the deceased alive on 5-31-1950 and that death occurred at 9:27 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Edy H. H. Schenck, D.

23B. ADDRESS

JOHN HOPKINS HOSPITAL

23C. DATE SIGNED

6/1/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/1/50

24C. NAME OF CEMETERY OR CREMATORY

St. Peter's, Baltimore Md

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 1 - 1950

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

Wilmington Williams, M.D.

ADDRESS

1217 St. Paul St

VS 150

340V9

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and accurately.

Small
piece
bag

Small piece of
material
about 1/2 inch
square

Small
X

Small piece of
material

Small

Small

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4912
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM SAMUEL HIGH

2. DATE
OF
DEATH

MAY 30, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

20-05

D. STREET ADDRESS (If rural, give location)

515 S. BENTALOU ST.

5. FULL NAME OF (If not in hospital or institution, give street address or location)

00 515 S. BENTALOU ST.

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

July 12, 1887

9. AGE (In years last birthday)

62

10. Under 1 Year Months: Days: 11. Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MACHINIST

10B. KIND OF BUSINESS OR INDUSTRY

RAILROAD

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George High

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

705-05-0949

17. INFORMANT

ADDRESS

HILDA A. HIGH 515 S. BENTALOU ST.

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Pulmonary tuberculosis 1811

DUE TO

ANTECEDENT CAUSES

(B)

none

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

none

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2/1, 1949 to 5/30, 1950, that I last saw the deceased alive on 5/30, 1950, and that death occurred at 1:55 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Resignius Moller

23B. ADDRESS

2070 Wilkes Ave

23C. DATE SIGNED

6/3/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

JUNE 3, 1950

24C. NAME OF CEMETERY OR CREMATORY

LONDON PARK

24D. LOCATION (City, town, or county)

BALTIMORE, MARYLAND

DATE RECEIVED BY LOCAL REGISTRAR

JUN 1 - 1950

REGISTRAR'S SIGNATURE

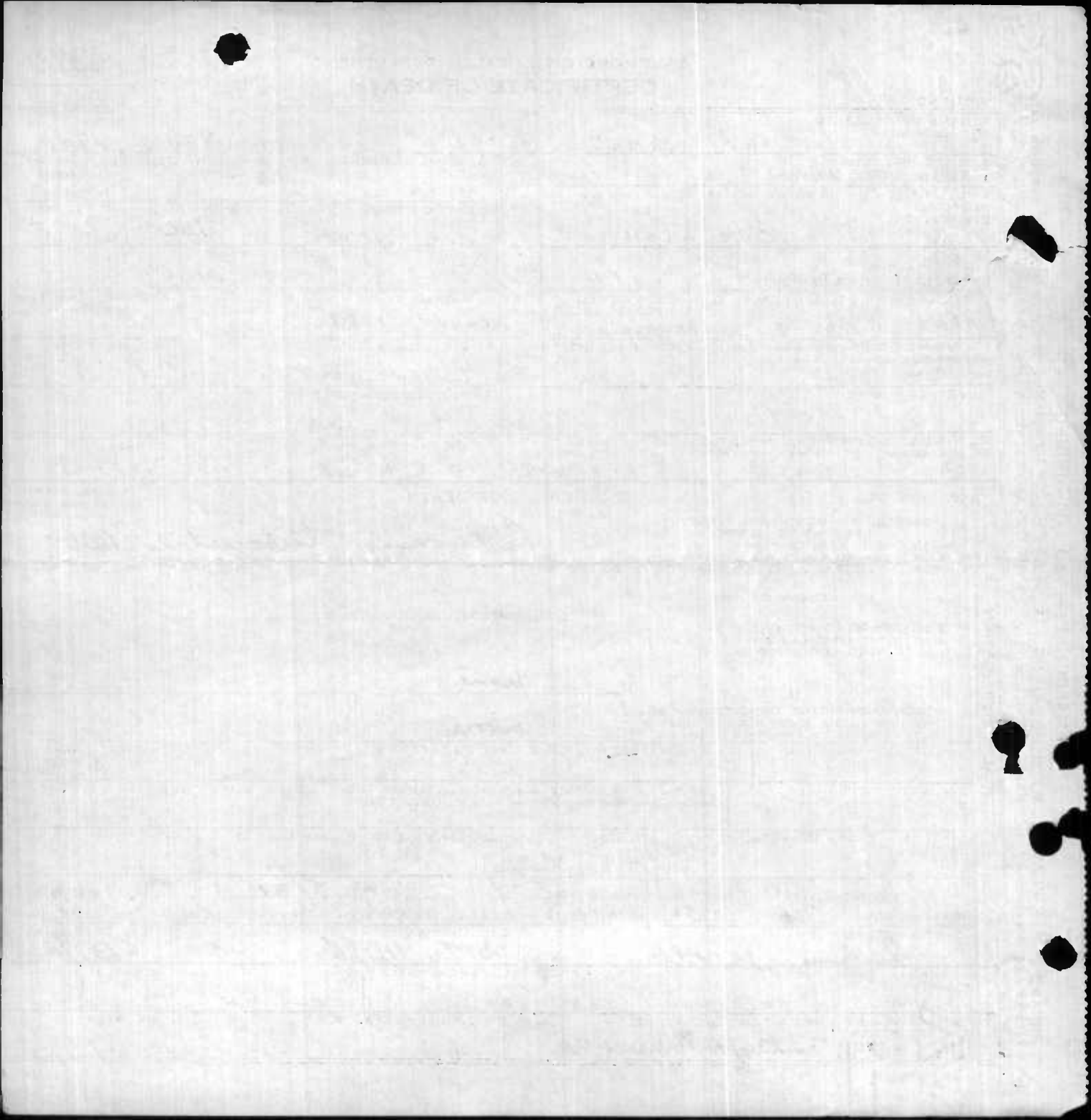
Livingston Williams, M.D.

25. FUNERAL DIRECTOR

GEO. L. Schwab

ADDRESS

2101 Frederick Ave.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 4913

Dr. Harding

50 4913

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret L. Tunnecke

2. DATE
OF
DEATH

May 30, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4806 Frankford Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

26-01

D. STREET ADDRESS (If rural, give location)

4806 Frankford Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

July 1, 1874

9. AGE (In years,
last birthday)

75

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Hamburg, Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Johannes Tunnecke

14. MOTHER'S MAIDEN NAME

Mathilde Booss

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Max Ludders, 4806 Frankford

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute Cardiac Dilatation

2 hrs.

DUE TO

Ch. myocarditis

ANTECEDENT CAUSES

(B)

Arteriosclerosis Hypertension

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1945, to May 30, 1950, that I last saw the deceased alive on May 28, 1950, and that death occurred at 11 P. M., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Harding

M. D.

23B. ADDRESS

3805 Belair Rd

23C. DATE SIGNED

May 31/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-2-50

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 1 - 1950

Huntington Williams, M.D.

Leonard J. Ruck, 5305 Harford Road

Page 20
119
2808
11/24

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4914

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Julius Rockell

2. DATE
OF
DEATH

5/29/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Sloan Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

26-07

D. STREET ADDRESS (If rural, give location)

504 S. High St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 18-1892

9. AGE (In years
last birthday)

57

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Coupler

10B. KIND OF BUSINESS OR
INDUSTRY

B.O. R.R.

11. BIRTHPLACE (State or foreign country)

Balto, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Rockell

14. MOTHER'S MAIDEN NAME

Mary Rice

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

705-05-8894

17. INFORMANT

ADDRESS

18.

162X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Lung Abscess

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Carcinoma Lung c
Metastases

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/28, 1950, to 5/29, 1950, that I last saw the
deceased alive on 5/29, 1950, and that death occurred at 8:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Leon Skarrel

M. D.

23B. ADDRESS

Sloan Hospital

23C. DATE SIGNED

5/29/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 1-1950

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Balto. Co. Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John B. Connolly - 418 Eastern Ave

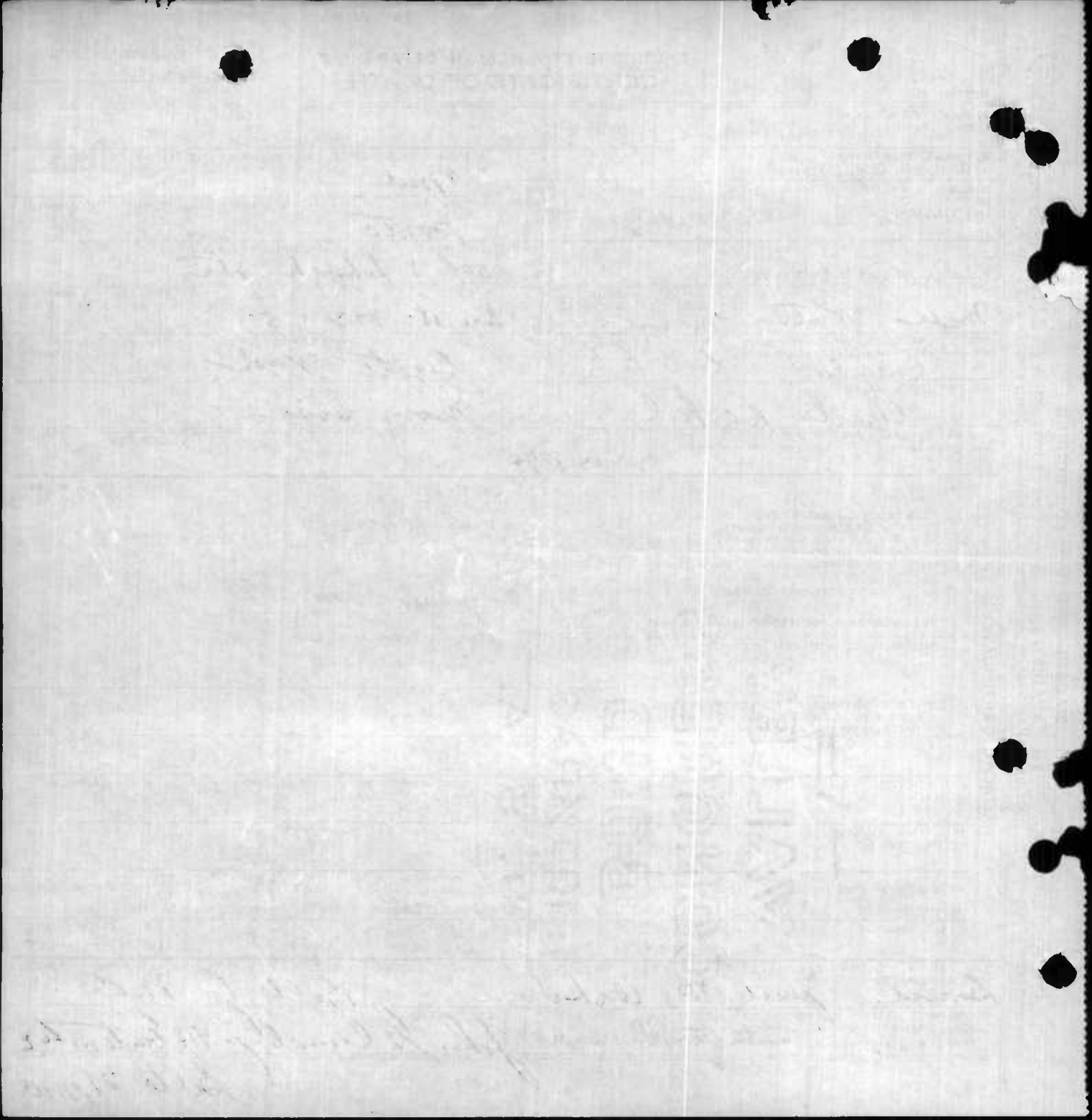
ADDRESS

JUN 1 - 1950

VS 150

496 47

470 Balto 21, Md.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4915
Registered No.

BIRTH NO. 49-24975

1. NAME OF DECEASED (Type or Print) <u>Robert Wetzelberger</u>			2. DATE OF DEATH <u>5-31-50</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>D.O.A. Baltimore</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>4234 FALLS RD.</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Union Memorial Hosp</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore Md.</u>		
c. Length of stay in Baltimore <u>6</u>			D. STREET ADDRESS (If rural, give location) <u>29 4234 FALLS RD.</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>11-11-49</u>	9. AGE (In years last birthday) <u>1</u>	10. Under 1 Year Months: Days <u>67 0</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>CHARLES</u>			14. MOTHER'S MAIDEN NAME <u>ETHEL TIMMONS</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT ADDRESS		

18. 391.2 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		<u>Aspiration of Vomitus</u>		S	
ANTECEDENT CAUSES		(B) DUE TO		e o e t h e s r i d	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.		(C) <u>Tonsillitis - Rt. Purulent</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CERTIFICATION APPROVED BY <u>Otitis Media</u>			

19A. DATE OF OPERATION <u>2</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. HOW DID INJURY OCCUR? <u>Blotter</u>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? (over)	
22. I hereby certify that I attended the deceased from <u>D.O.A.</u> 19 <u>50</u> to <u>11:55 A.M.</u> 19 <u>50</u> , that I last saw the deceased alive on <u>D.O.A.</u> 19 <u>50</u> , and that death occurred at <u>11:55 A.M.</u> from the causes and on the date stated above.					
23A. SIGNATURE <u>Heller F. Foster</u>		23B. ADDRESS <u>Union Memorial Hosp</u>		23C. DATE SIGNED <u>5-31-50</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>June 3-50</u>		24C. NAME OF CEMETERY OR CREMATORY <u>New Cathedral</u>	
24D. LOCATION (City, town, or county) <u>Baltimore</u>		24E. LOCATION (State) <u>Md.</u>		25. FUNERAL DIRECTOR <u>Frank H. Seitz</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 1 - 1950</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		ADDRESS <u>814 436 St</u>	

Purulent otitis media should be coded as the primary cause of death with the aspiration of vomitus as merely an incidental cause.

RFF Fisher

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4916

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Charles

Johnson 539009

2. DATE
OF
DEATH

MAY 30 1950

3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore

20 yrs

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

Harford

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Joppa

6200

D. STREET ADDRESS (If rural, give location)

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

10-31-06

9. AGE (In years
last birthday)

43

H Under 1 Year
Months: DaysI Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Edgewood Arsenal

11. BIRTHPLACE (State or foreign country)

Enfield, North Carolina

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Willis Johnson

14. MOTHER'S MAIDEN NAME

Della McWilliams

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

213-14-5491

17. JOHN HOPKINS HOSPITAL

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

SPINAL CORD TUMOR - 2 WEEKS
benign

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 WEEKS

over

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION?

MAY 27 1950

19B. MAJOR FINDINGS OF OPERATION

EXTRA DURAL TUMOR AT CERVICAL 6 VERTEBR

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-27-1950 to 5-30-1950, that I last saw the
deceased alive on 5-30-1950, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Robert F. Green M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5/30/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

6/3/50

24C. NAME OF CEMETERY OR CREMATORY

MOUNT AUBURN CEMETERY BALTIMORE, MARYLAND

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 1 - 1950

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Charles R. Law

ADDRESS

THE CHARLES R. LAW MORTUARY

VS 150

802-04 MADISON AVENUE

BALTIMORE 3, MD.

98830

56)

Letter in document file 50-4916- 7/27/50.
under [illegible]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4917
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Eppolito Joseph Onesti		2. DATE OF DEATH May 30 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland 4807 Althea Ave		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 26 Yrs.		D. STREET ADDRESS (If rural, give location) 4807 Althea Ave	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH November 2 1903
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tinner		10B. KIND OF BUSINESS OR INDUSTRY B. S. Co.	9. AGE (In years, last birthday) 46
11. BIRTHPLACE (State or foreign country) Pitiliano (Grosseto) Italy		12. CITIZEN OF WHAT COUNTRY? Italy	
13. FATHER'S NAME Carlo Onesti		14. MOTHER'S MAIDEN NAME Rosa Trifona	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 213-07-0284	
17. INFORMANT Marie L. Onesti		ADDRESS 4807 Althea Ave	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion DUE TO Arterio - Sclerosis	CAUSE OF DEATH Coronary Occlusion Arterio - Sclerosis	INTERVAL BETWEEN ONSET AND DEATH 1 hour unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CERTIFICATION APPROVED BY W. G. Helfrich, M.D. CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 30, 1950 , to May 30, 1950 , that I last saw the deceased alive on May 30, 1950 , and that death occurred at 1:50 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Therbert Antignani		23B. ADDRESS 2942 E. Fayette St.		23C. DATE SIGNED 5/31/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 3rd 1950	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery		24D. LOCATION (City, town, or county) (State) 4430 Belair Rd. Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 1 - 1950	REGISTRAR'S SIGNATURE Christington Williams, M.D.	25. FUNERAL DIRECTOR Frank Della Uole ADDRESS 322 S. High St.			

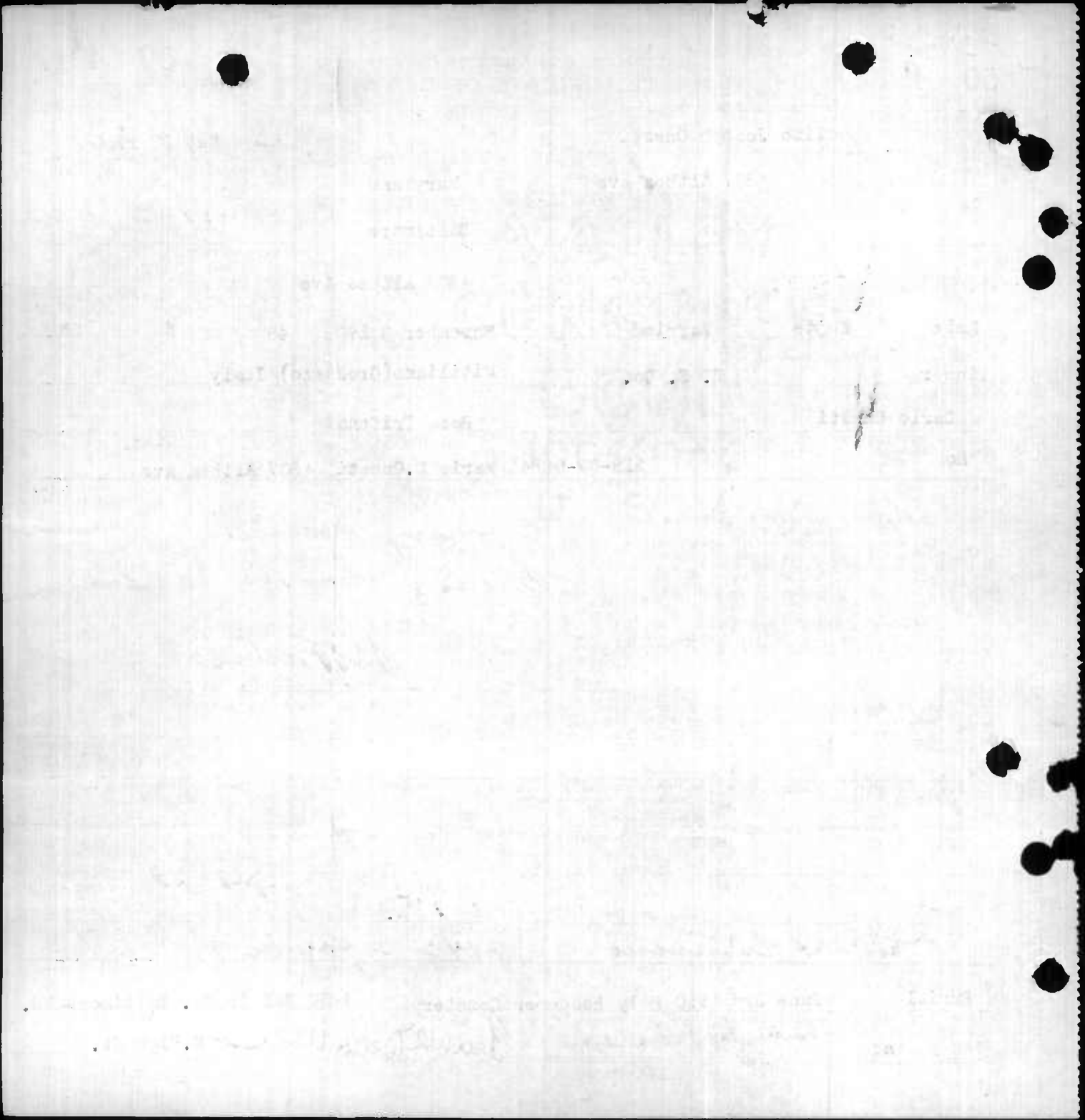
VS 150

49629

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4918
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

COURTNEY WAYATT

2. DATE
OF
DEATH

28 MAY 50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Good Samaritan Hosp
27 N. Cary St

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore 14-01

D. STREET ADDRESS (If rural, give location)

1437 Myrtle Ave.

c. Length of stay in Baltimore

56 yrs. Mos. Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

4/6/1890

9. AGE (In years last birthday)

70

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Gloucester Co. Va.

usa

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

13. FATHER'S NAME

George White

14. MOTHER'S MAIDEN NAME

Mary Burrell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Alberta Moore 1319 Lafayette Ave

ADDRESS

18.

443 X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Cerebral thrombosis

DUE TO Arteriosclerotic & hypertensive cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 28 Feb, 1950, to 28 May, 1950, that I last saw the deceased alive on 27 May, 1950, and that death occurred at 2:45 a.m., from the causes and on the date stated above.

22A. SIGNATURE

Emil H. Henning Jr.

23B. ADDRESS

601 Winans Way

23C. DATE SIGNED

29 May 50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/1/1950

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Pk. Baltimore Co. Md.

24D. LOCATION (City, town, or county) (State)

Baltimore Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 1 1950

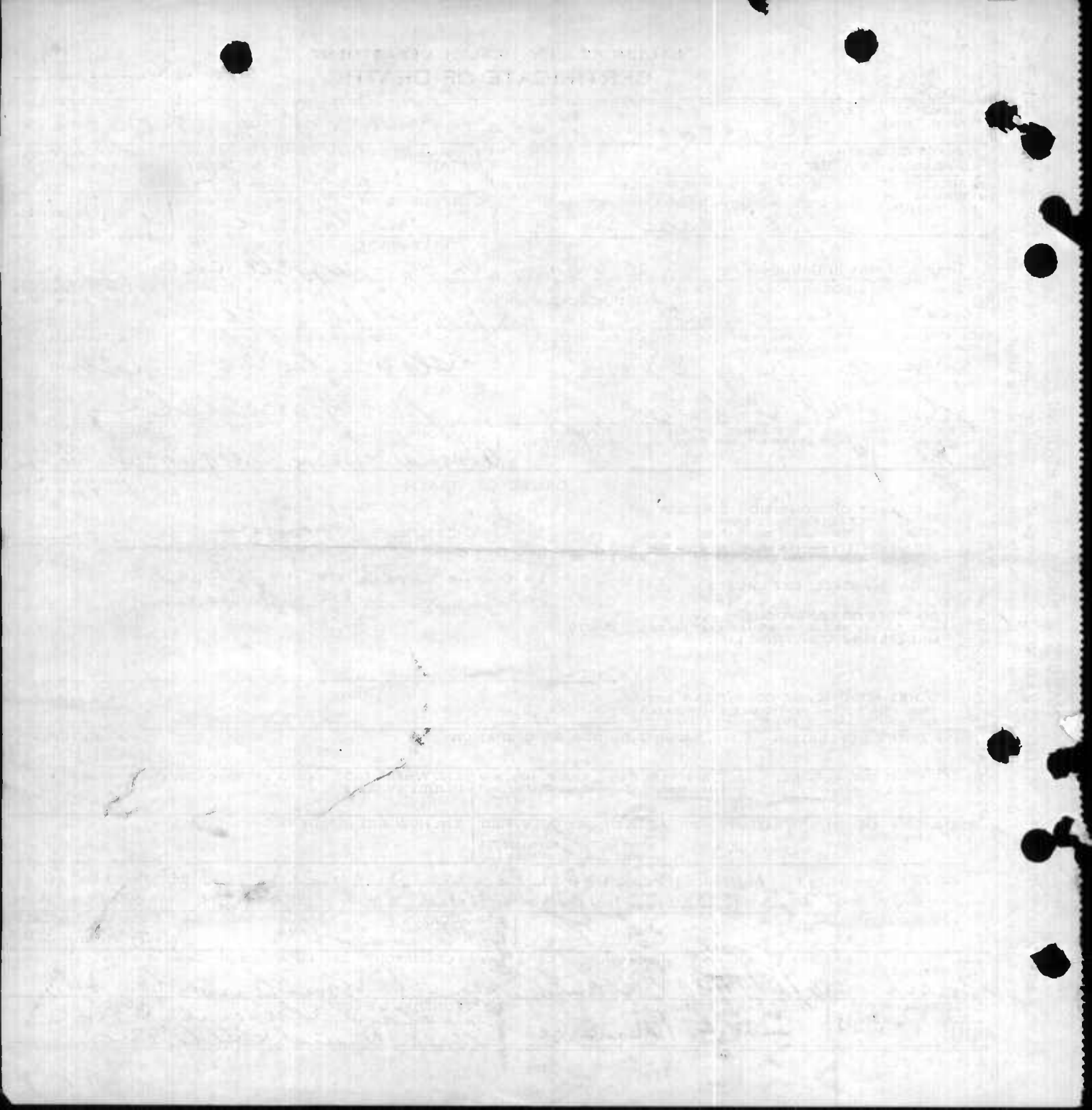
REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

Wallace Funeral Home 1601 Daniel Hill Ave.

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4919

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WICKS, MARGARET

2. DATE
OF
DEATH

5/28/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Provident

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 15-01

D. STREET ADDRESS (If rural, give location)

1536 Mountmore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

Negro

7. SINGLE (MARRIED)
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Jan. 28, 1917

9. AGE (In years;
last birthday)

33

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Durham, N.C.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Amos Edward

14. MOTHER'S MAIDEN NAME

Emma -

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

217-22-2969

17. INFORMANT

ADDRESS

Joseph Wicks 1536 Mountmore Ct.

18. 330X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Subarachnoid Hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertension

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from 3/28, 1950 to 5/28, 1950, that I last saw the
deceased alive on 5/28, 1950, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John H. Holmes

M. D.

23B. ADDRESS

Provident Hosp.

23C. DATE SIGNED

5/29/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

June 1, 1950

Arbutus Mem. Pk.

Bald. Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

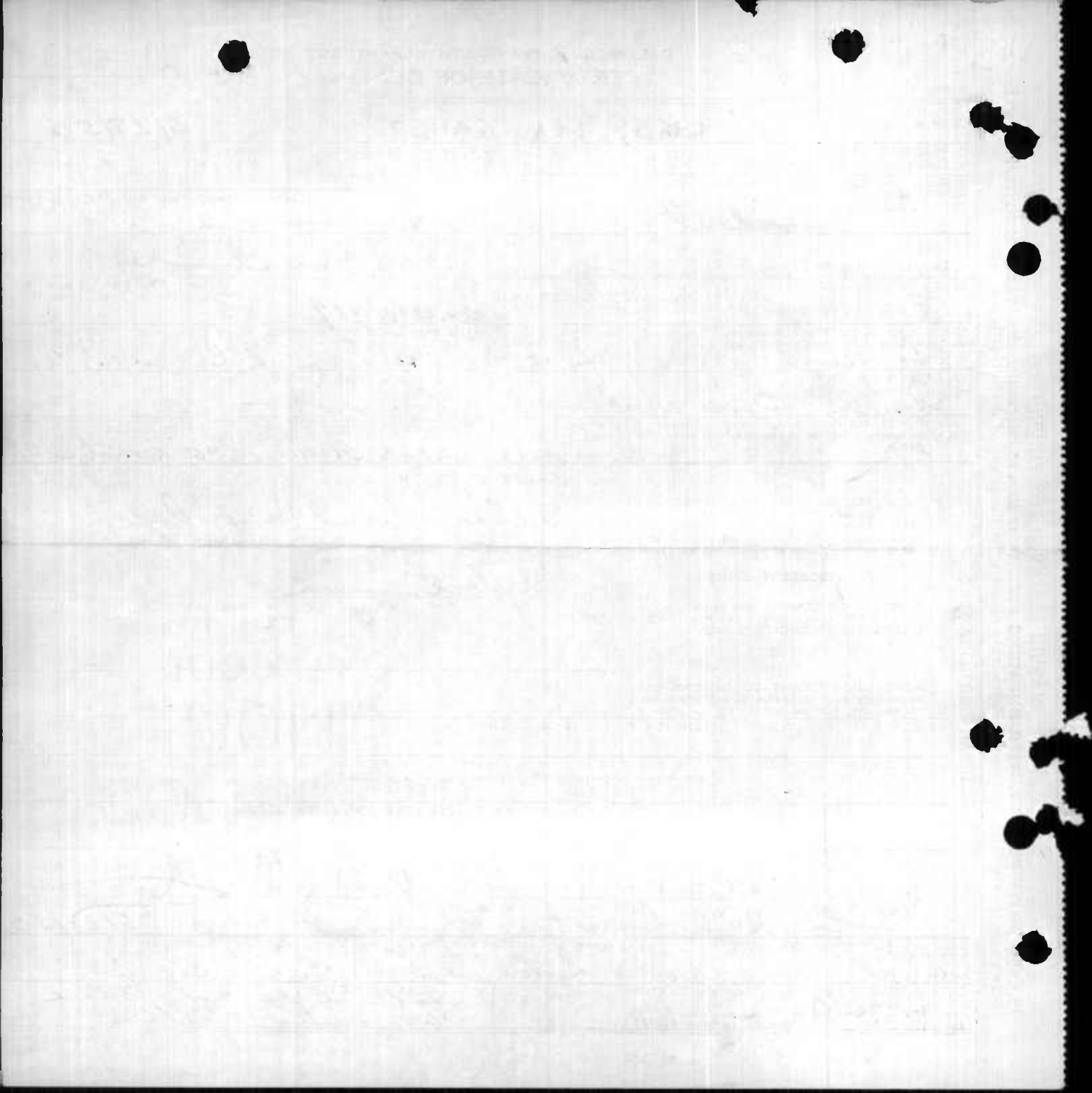
25. FUNERAL DIRECTOR

ADDRESS

JUN 1 - 1950

Huntington Williams, Jr.

Wallace Funeral Home
1601 Druid Hill Ave.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 4920BIRTH NO. 50 4920

1. NAME OF DECEASED

(Type or Print)

Fletcher, Daniel Arvin.2. DATE
OF
DEATHMay 28, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

(before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTE location)Baltimore City Hospitals4940 Eastern Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

410 Cummings Ct. Z 1

c. Length of stay in Baltimore

18 YearsYrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 28, 1912

9. AGE (In years

last birthday)

38

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)CHAUFFEUR10B. KIND OF BUSINESS OR
INDUSTRYPRIVATE FAMILY

11. BIRTHPLACE (State or foreign country)

Virginia12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

William, R. Arvin

14. MOTHER'S MAIDEN NAME

Betty, Morton15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Records B.C. H. 4940 Eastern Ave.

ADDRESS

18. 490X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Friedlander's Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 28, 1950 to 5-28-1950 that I last saw the
deceased alive on May 28, 1950, and that death occurred at 9:30 PM, from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

M. D.

23B. ADDRESS

4940 Eastern Ave

23C. DATE SIGNED

May 29 195024A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

6/1/1951

24C. NAME OF CEMETERY OR CREMATORY

Mc Calvary Em A. A Co

24D. LOCATION (City, town, or county)

MdDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

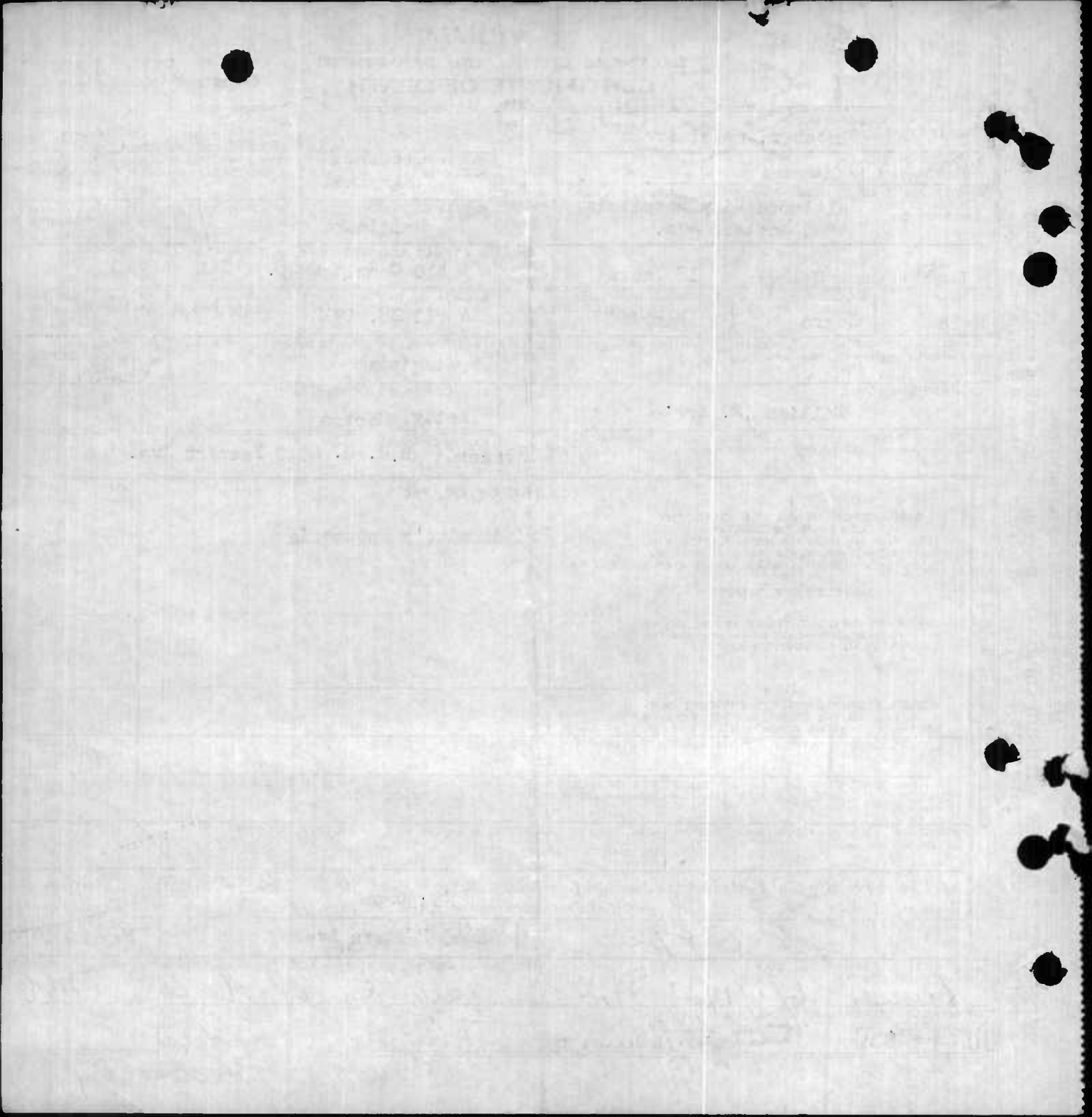
Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Rayner Sanders

ADDRESS

42086 1412 E. Preston St 108



PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4921
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Walter Pegelow

2. DATE
OF
DEATH

May 31, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1308 S. Hanover Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1308 S. Hanover Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 19, 1889

9. AGE (in years last birthday)

61

10 Under 1 Year Months Days 11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Police Officer

10B. KIND OF BUSINESS OR INDUSTRY

Balto. S.S. Pocket Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Augustua Pegelow

14. MOTHER'S MAIDEN NAME

Christina ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

yes

W. W. # 1

16. SOCIAL SECURITY NO.

216-28-8513

17. INFORMANT

ADDRESS

Mrs. Emma J. Pegelow, 1308 S. Hanover St.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Carcinoma of lung

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

March 6th, 1950

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3/6, 1950, to 5/31, 1950, that I last saw the deceased alive on 5/30, 1950, and that death occurred at 7:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

removal

24B. DATE

6/2/50

24C. NAME OF CEMETERY OR CREMATORY

Rosehill

24D. LOCATION (City, town, or county)

Hagerstown,

Maryland

DATE RECEIVED BY LOCAL REGISTRY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 1 - 1950

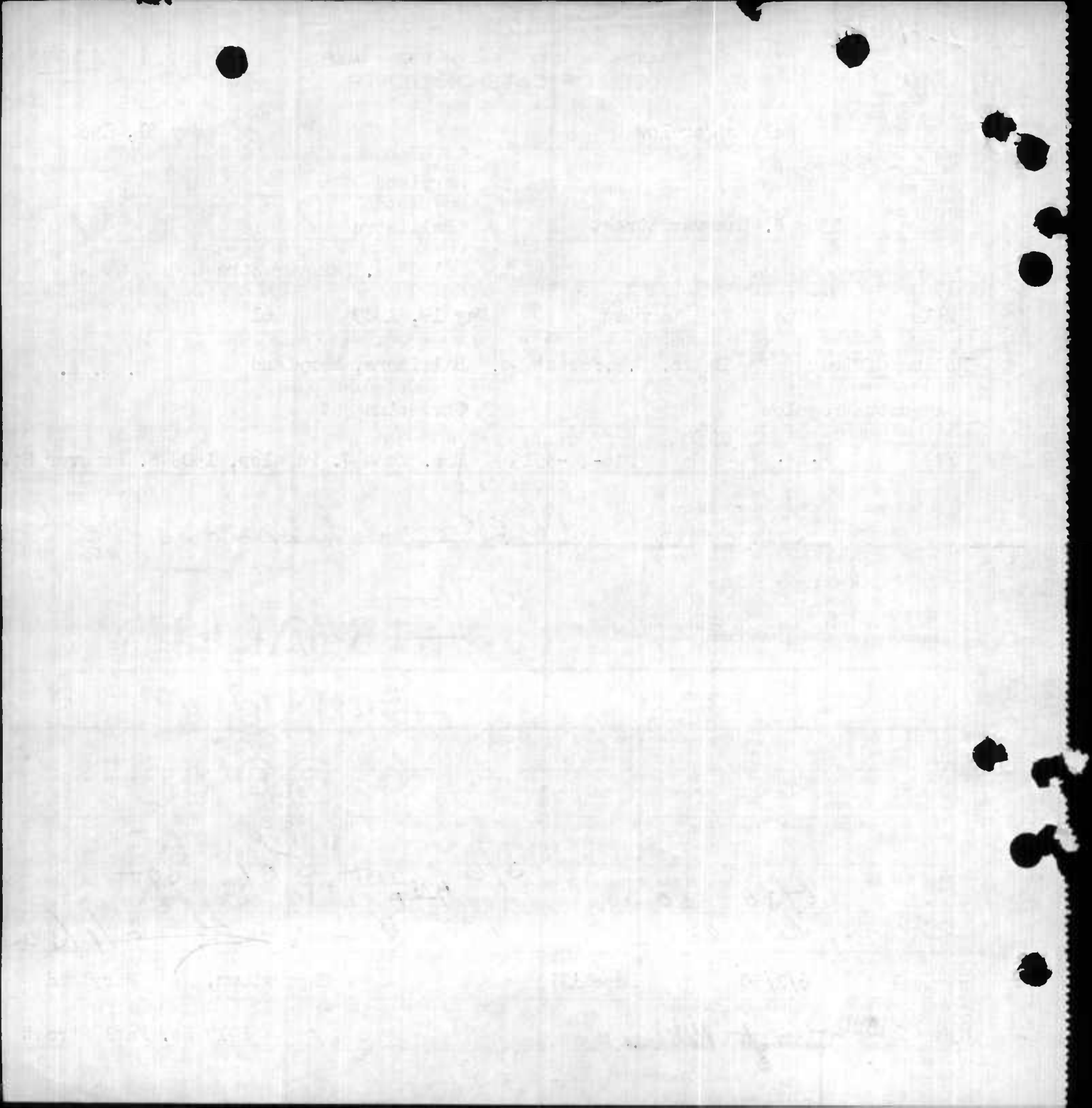
Wm. Cook, Inc.

1217 St. Paul Street

VS 150

60651

47D



BIRTH NO.

50 4922

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4922
Registered No.1. NAME OF DECEASED
(Type or Print)

Brown, Morris

2. DATE
OF
DEATH

5/25/50

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

Provident Hospital

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

a. STATE

b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

d. STREET ADDRESS (If rural, give location)

1408-Brunt St.

c. Length of stay in Baltimore

5. SEX

M.

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

7-7-1918

9. AGE (In years
last birthday)

32-2-2(?)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

unemployed

10b. KIND OF BUSINESS OR
INDUSTRY

odd jobs

11. BIRTHPLACE (State or foreign country)

Balto, Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Howard Brown

14. MOTHER'S MAIDEN NAME

Lillie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Burton Brown - 1408-Brunt St.

18.

241X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Chronic asthma

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Pneumonia

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK

AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE

D. Leonard

23b. ADDRESS

Provident Hosp. Bldg.

23c. DATE SIGNED

5/25/50

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

6/2/50

24c. NAME OF CEMETERY OR CREMATORY

Mt Cury

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

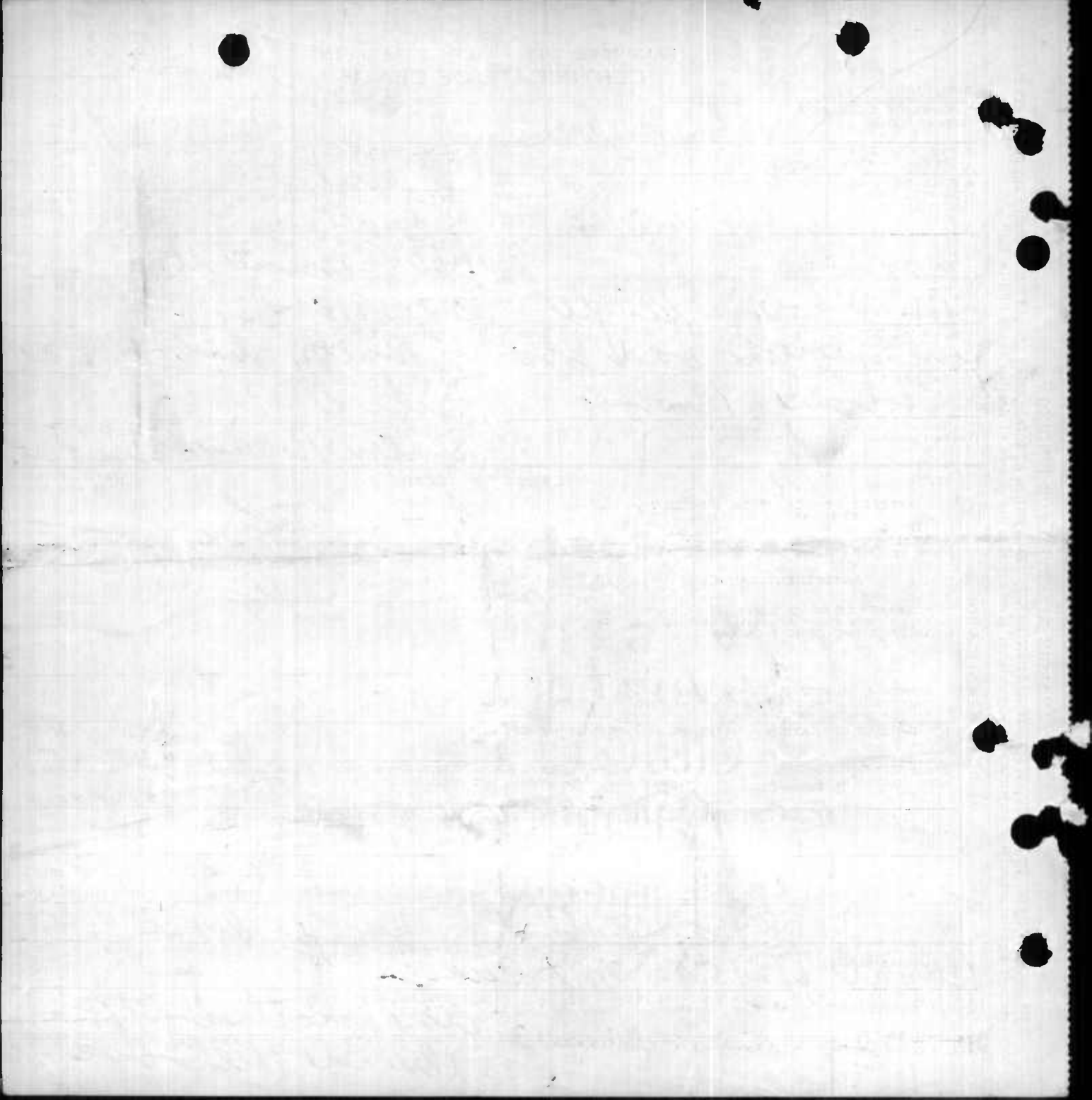
A. Holstead - 918 -

Alvord Hill Ave.

112

JUN 1 - 1950

D. Leonard



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4923
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George C. Cooper

2. DATE
OF
DEATH

May 30/50.

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE *Md.*

B. COUNTY

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION *General Thoman aged*

Deaf Home, 22 S. Athol Ave

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 28-04

d. STREET ADDRESS (If rural, give location)
22 S. Athol Ave

c. Length of stay in Baltimore

5 SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Nov. 27, 1862

9. AGE (In years, last birthday)

87

10 Under 1 Year 11 Under 24 Hours
Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Fr Cooper

14. MOTHER'S MAIDEN NAME

Eizabeth Clark

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. J. G. baby, 22 S. Athol Ave.

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral Vascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive Vascular Disease

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4/15/1950* to *5/31/1950* that I last saw the deceased alive on *19* and that death occurred at *m.* from the causes and on the date stated above.

23A. SIGNATURE

Michael Kamars

M. D.

23B. ADDRESS

Franklin St. Bk

23C. DATE SIGNED

6/2/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/2/50

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Ch.

24D. LOCATION (City, town, or county)

Woodlawn, Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Harry H. Witzke, 4101 Edmondson

JUN 1 1950

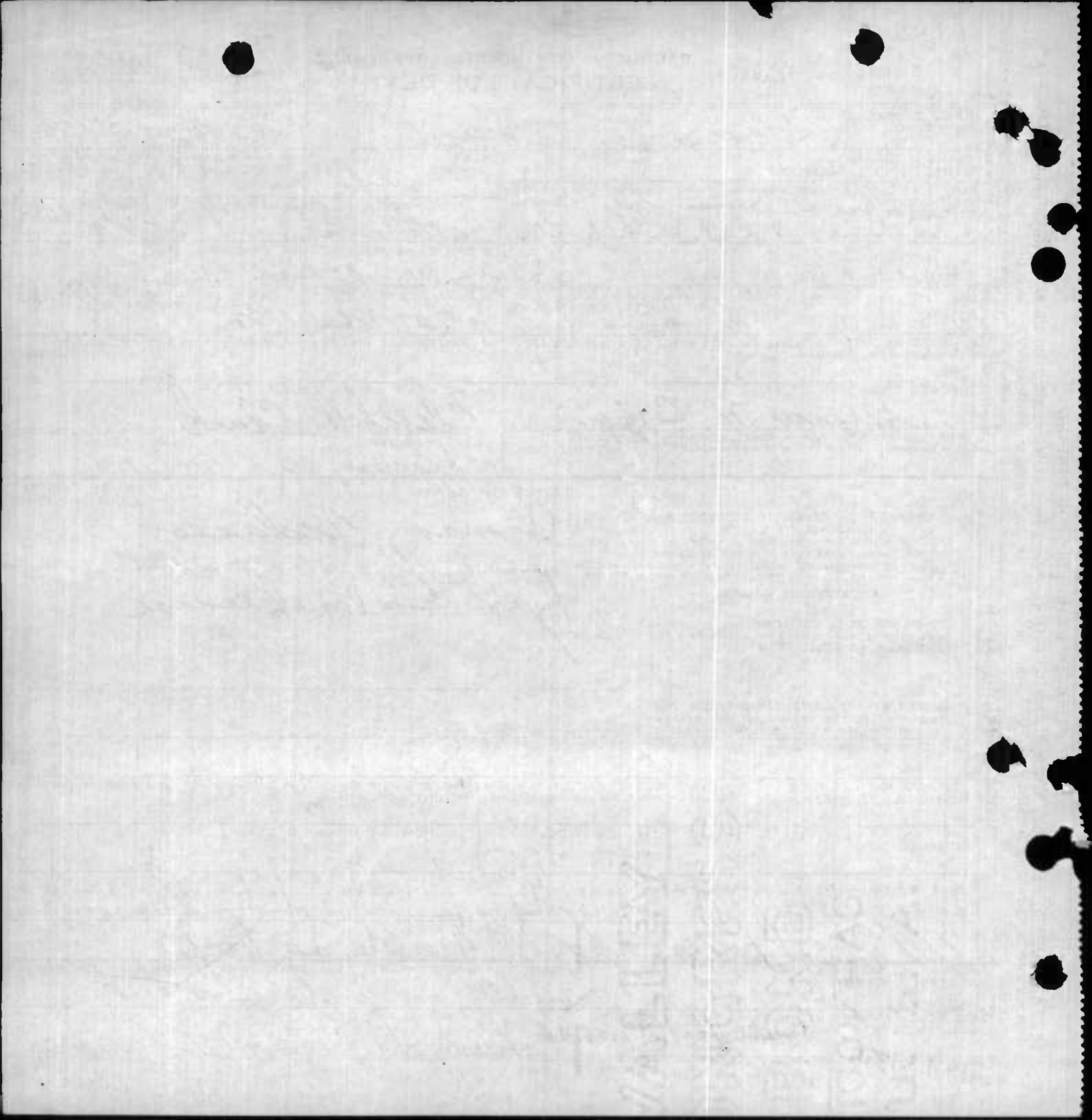
94a Ave.

MARGIN RESERVED FOR BINDING

CERTIFICATION

MEDICAL

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4924

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harry W. Stephens, Jr.

2. DATE
OF

DEATH May 29, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Mayland

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

17-03

D. STREET ADDRESS (If rural, give location)

835 N. Fremont Ave.

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

July 11, 1908

9. AGE (In years last birthday)

41

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR INDUSTRY

Contractor Co.

11. BIRTHPLACE (State or foreign country)

Philadelphia, Pa.

12. CITIZEN OF

WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Harry W. Stephens, Sr.

14. MOTHER'S MAIDEN NAME

Eva Morgan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Sheldon Hoshins

ADDRESS

1921-7th St. N.Y.

18.

443 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardiovascular Disease

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dunsacker M.D.

23B. CHIEF MEDICAL EXAMINER ☐

ASSISTANT MEDICAL EXAMINER ☒

23C. DATE SIGNED

May 30, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 1, 1950

24C. NAME OF CEMETERY OR CREMATORY

W. H. L. Cemetery

24D. LOCATION (City, town, or county)

Balto.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 1 - 1950

REGISTRAR'S SIGNATURE

W. H. L. Williams, M.D.

25. FUNERAL DIRECTOR

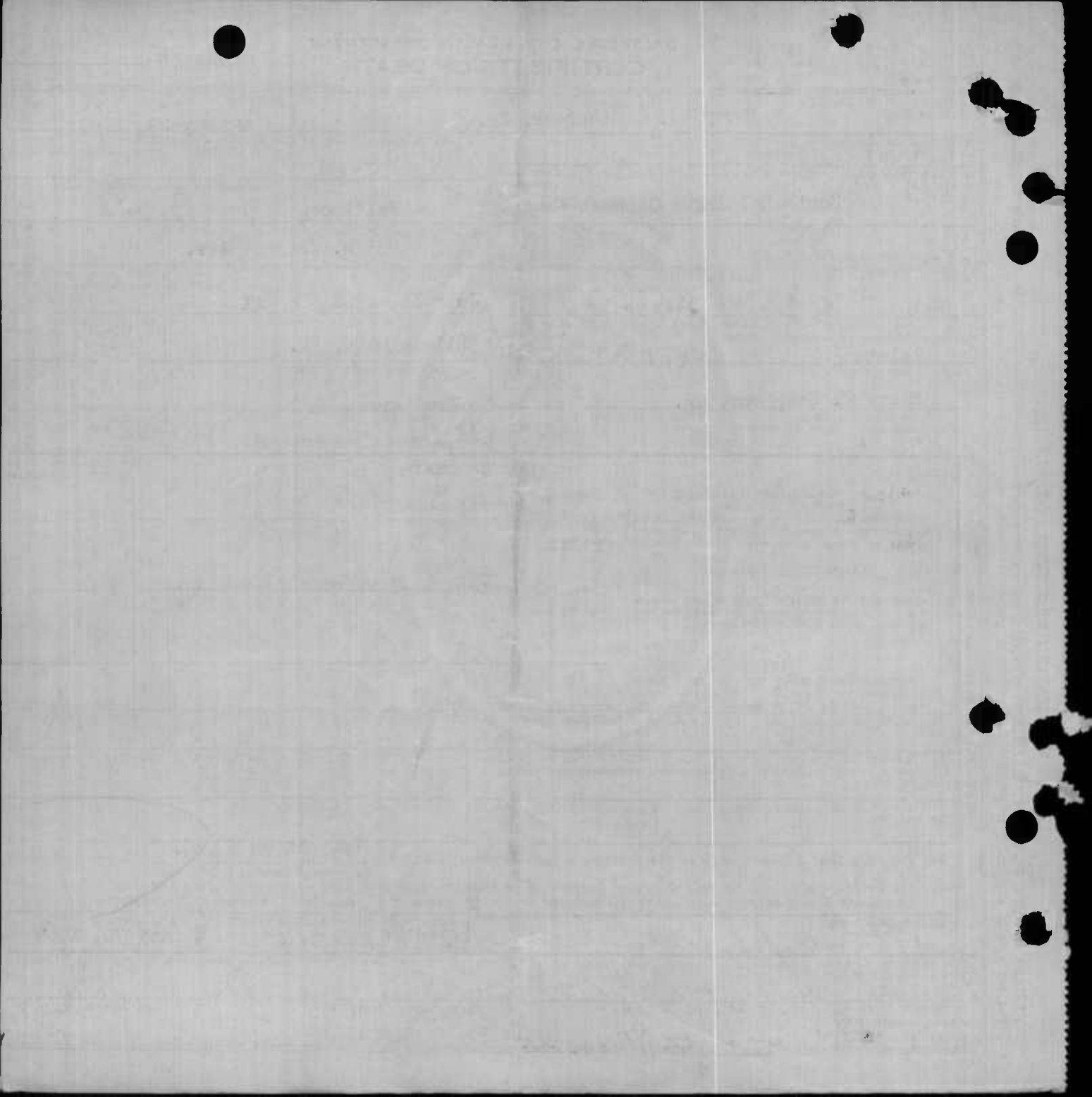
Katie R. Williams

ADDRESS

322 N. 93rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



5-135
LC
137640 50 4925BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4925
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Julia Sabatino

2. DATE
OF
DEATH

May 31, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEBaltimore City Hospitals
4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-05

D. STREET ADDRESS (If rural, give location)

6512 Rosemont Avenue

c. Length of stay in Baltimore

48 Yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

11 1876

9. AGE (In years last birthday)

74

10 Under 1 Year
Months: Days11 Under 1 Year
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, or as if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

(D) (Unknown) Musotte

14. MOTHER'S MAIDEN NAME

(D) Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Baltimore City Hospitals
Records- 4940 Eastern Avenue

18. 443 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Popliteal Thombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive Arteriosclerotic Cardio
Disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from April 28, 1950, to May 31, 1950 that I last saw the deceased alive on May 31, 1950, and that death occurred at 11:05 AM from the causes and on the date stated above.

23A. SIGNATURE

H. Proyer

M. D.

23B. ADDRESS
Baltimore City Hospitals
4940 Eastern Avenue

23C. DATE SIGNED

May 31, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/3/50

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county) (State)

Balt. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Kunington Williams, M.D.

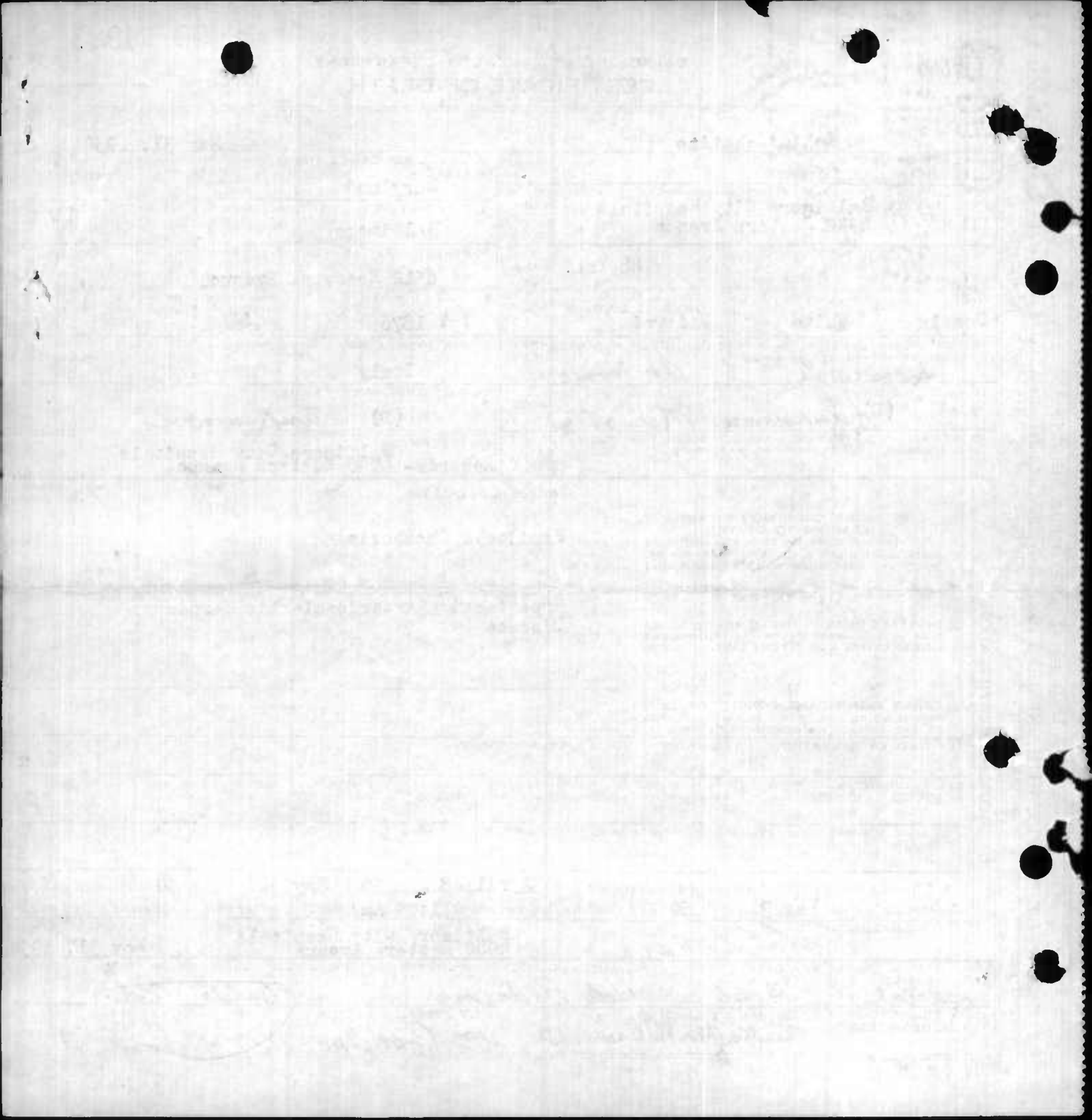
25. FUNERAL DIRECTOR

ADDRESS

Wm Cook Inc. 1217 St. Paul

JUN 15 1950

93D



H 20050

4926

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4926
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frederick J. Haug

2. DATE
OF
DEATH

May 30, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2359 Wash Blvd Balto Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
Md. STATE 2357 Washington Blvd Baltimore Md

B. FULL NAME OF HOSPITAL OR INSTITUTION

2357 Washington Blvd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore City 25-03 BD. STREET ADDRESS (If rural, give location)
2357 Wash Blvd Balto Md

C. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

February 2-21-1891 ? 59

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Knaube Retired

10B. KIND OF BUSINESS OR INDUSTRY

SPRAYER Piano (M)

11. BIRTHPLACE (State or foreign country)

Balto Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jacob Henry Haug

14. MOTHER'S MAIDEN NAME

Fredericka Dennamann

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs James F Wallace 2357 Wash Blvd Balto Md

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ...

Coronary Disease

DUE TO

ANTECEDENT CAUSES

(B) ...

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II

(C) ...

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary Tuberculosis, Inactive

32yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm. H. Kammer, Jr.

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ ASSISTANT MEDICAL EXAMINER.....☒ MEDICAL INVESTIGATOR.....☒

23C. DATE SIGNED

May 30, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-3-50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Frederick Rd Balto Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 1 1950

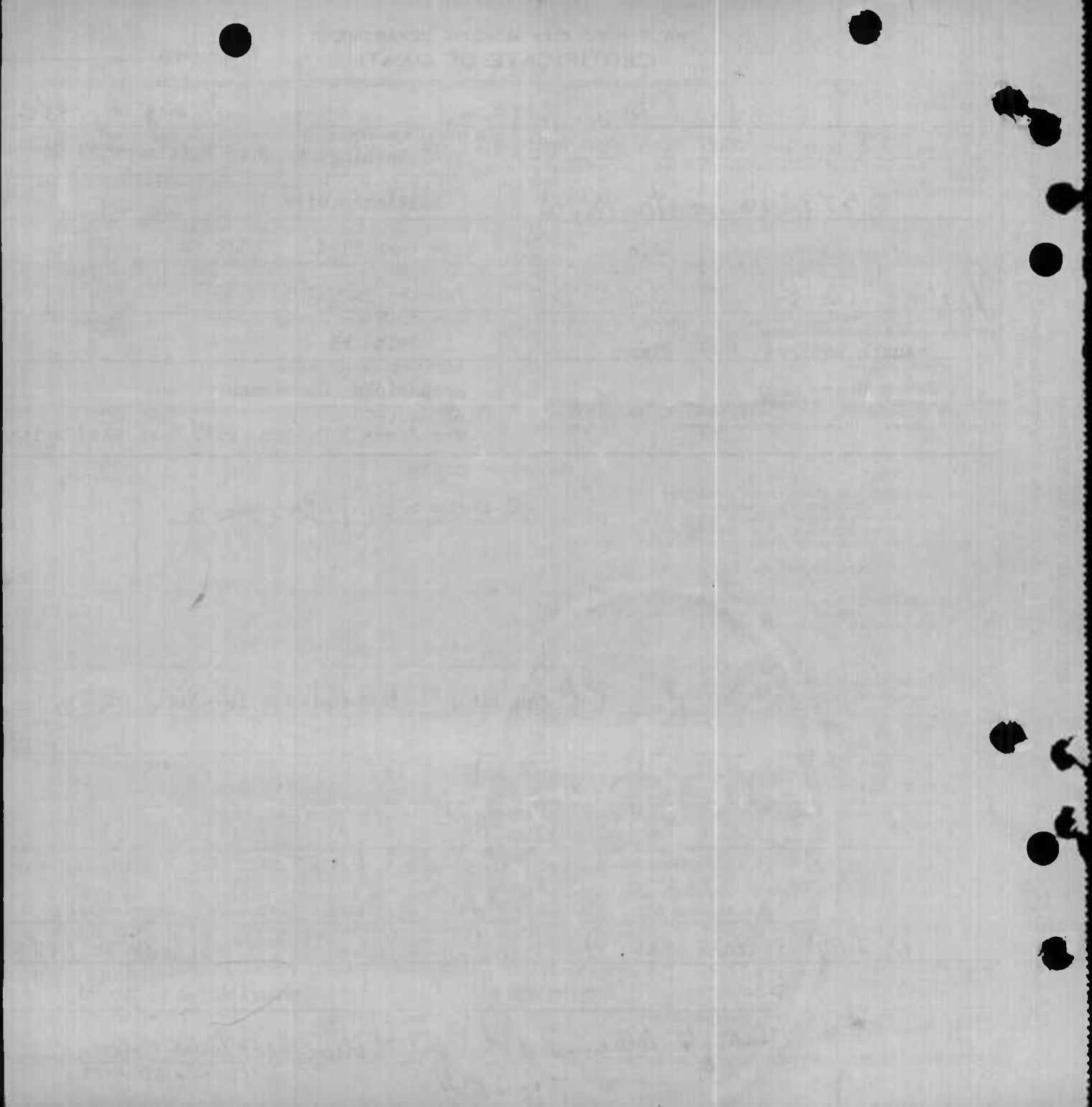
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Edward Toulson 2357 Wash Blvd

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4927
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELMER BROWN BASSLER

2. DATE
OF
DEATH

May 31, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

West Balto. Gen'l. Hosp. DOA

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
Md.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

O. STREET ADDRESS (If rural, give location)

1928 Walbrook Ave.

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

June 2, 1894

9. AGE (In years
last birthday)

55

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

retired Watchman

10B. KIND OF BUSINESS OR
INDUSTRY

Gas & Electric

11. BIRTHPLACE (State or foreign country)

Cockeysville, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John W. Bassler

14. MOTHER'S MAIDEN NAME

Lena Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

212-07-6091

17. INFORMANT

ADDRESS

Mrs. Elsie L. Bassler 1928 Walbrook Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Acute Coronary Occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerotic CVD

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Congestive Heart Failure
Cirrhosis of Liver (??)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

Dr. Wm. G. Helfrich

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

M. D.

CHIEF OR ASST. MEDICAL EXAMINER.

22. I hereby certify that I attended the deceased from May 25, 1947 to May 19, 1950, that I last saw the deceased alive on May 19, 1950, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/3/50

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 1 - 1950

Huntington Williams

Wm. J. Pickens & Sons

STATE OF TEXAS
COUNTY OF _____

Know all men by these presents, that _____

of the County of _____

State of Texas, for and in consideration of the sum of _____

to _____

the sum of _____

to _____

to _____

to _____

to _____

to _____

to _____

to _____

to _____

to _____

to _____

to _____

to _____

to _____

to _____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 4928BIRTH NO. 50 4928

1. NAME OF DECEASED (Type or Print) <u>Catherine Henderson</u>		2. DATE OF DEATH <u>May 31, 1950</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>Balto.</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jenkins Memorial Hosp.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 25-01B</u>	
c. Length of stay in Baltimore <u>74</u> Yrs. <u>40</u> Mos. <u>40</u> Days		D. STREET ADDRESS (If rural, give location) <u>1000 Catow Avenue</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>3-6-73</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>77</u>
13. FATHER'S NAME <u>T. Hundt</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore, Md.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <u>Elizabeth Vohlman</u>	
17. INFORMANT <u>Sister Rosaria - Jenkins Memorial Hosp.</u>		ADDRESS	

18. 443 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)(A) HYPERTENSIVE ARTERIO SCLEROSIS
DUE TO CARDIO-VASCULAR DISEASE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) E RIGHT SIDED HEMIPLEGIA
DUE TOII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from May 31, 1950, to May 31, 1950, that I last saw the deceased alive on May 31, 1950, and that death occurred at 6:00 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 1 - 1950

Huntington Williams, M.D.

No. 25, Meade and Son 59 Calvert St.

CERTIFICATE OF DEATH

STATE OF NEW YORK

County of _____

City of _____

State of _____

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4929

Registered No.

BIRTH NO. 50 4929

1. NAME OF DECEASED (Type or Print) FRED JONES			2. DATE OF DEATH May 27, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) US MARINE HOSPITAL WYMAN PARK DR. AND 31st St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 22-02		
c. Length of stay in Baltimore Yrs. - - - Mos. Days			D. STREET ADDRESS (If rural, give location) 432 Eiselen St.		
5. SEX M	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) mar.	8. DATE OF BIRTH May 2, 1900		9. AGE (In years last birthday) 50
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10B. KIND OF BUSINESS OR INDUSTRY CONCRETE CONSTRUCTION	11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Walter Jones			14. MOTHER'S MAIDEN NAME Anna Virginia ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) unknown		16. SOCIAL SECURITY NO. 217-01-5725	17. INFORMANT ADDRESS Records - US MARINE HOSPITAL, BALTO., MD.		

<p>18. 160X</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)</p> <p>CAUSE OF DEATH Pulmonary congestion with left hydrothorax and right pleurisy (old)</p> <p>INTERVAL BETWEEN ONSET AND DEATH Recent</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p>II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p>DUE TO</p> <p>Squamous cell carcinoma of left antrum with metastases</p> <p>1- cranial vault through magna ala ossis sphenoidalis</p> <p>2- sphenoid sinus</p> <p>3- region of ethmoid sinus</p> <p>Unknown</p>
--	--

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **February 24 1950** to **May 27 1950** that I last saw the deceased alive on **May 27 1950** and that death occurred at **1:05A** m., from the causes and on the date stated above.

23A. SIGNATURE **John L. Wilson** 23B. ADDRESS **U.S. MARINE HOSPITAL, BALTO., MD.** 23C. DATE SIGNED **5/29/50**
John L. Wilson, Medical Director M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 6-2-50	24C. NAME OF CEMETERY OR CREMATORY MOUNT CALVARY	24D. LOCATION (City, town, or county) (State) Cedar Hill - Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 1 - 1950	REGISTRAR'S SIGNATURE Wm. H. Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Charles P. Law - 802 Madison	

988V9

55D Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

DAKOTA CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Name of Deceased		Date of Death	
Age		Sex	
Race		Marital Status	
Occupation		Cause of Death	
Place of Death		Time of Death	
Signature of Physician		Signature of Registrar	
Date of Report		Place of Report	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4930

Registered No.

0 4930

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Catherine C. Frazer

2. DATE
OF
DEATH

May 30, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR WINDSOR NURSING HOME
INSTITUTION

3025 Windsor Ave.,

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-06

D. STREET ADDRESS (If rural, give location)

1814 Braddish Ave.,

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Aug. 21, 1867

9. AGE (in years last birthday)

82

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House-wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Wood

14. MOTHER'S MAIDEN NAME

Katie Brushmiller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
none

17. INFORMANT ADDRESS
Mr. Albert A. Frazer, Jr. 1814 Braddish Ave.,

18.

4500
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Coronary Heart Failure

DUE TO

(B)

Emphysema
Atherosclerosis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1950, to May 30, 1950, that I last saw the deceased alive on May 30, 1950, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-2-1950

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore,

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.,

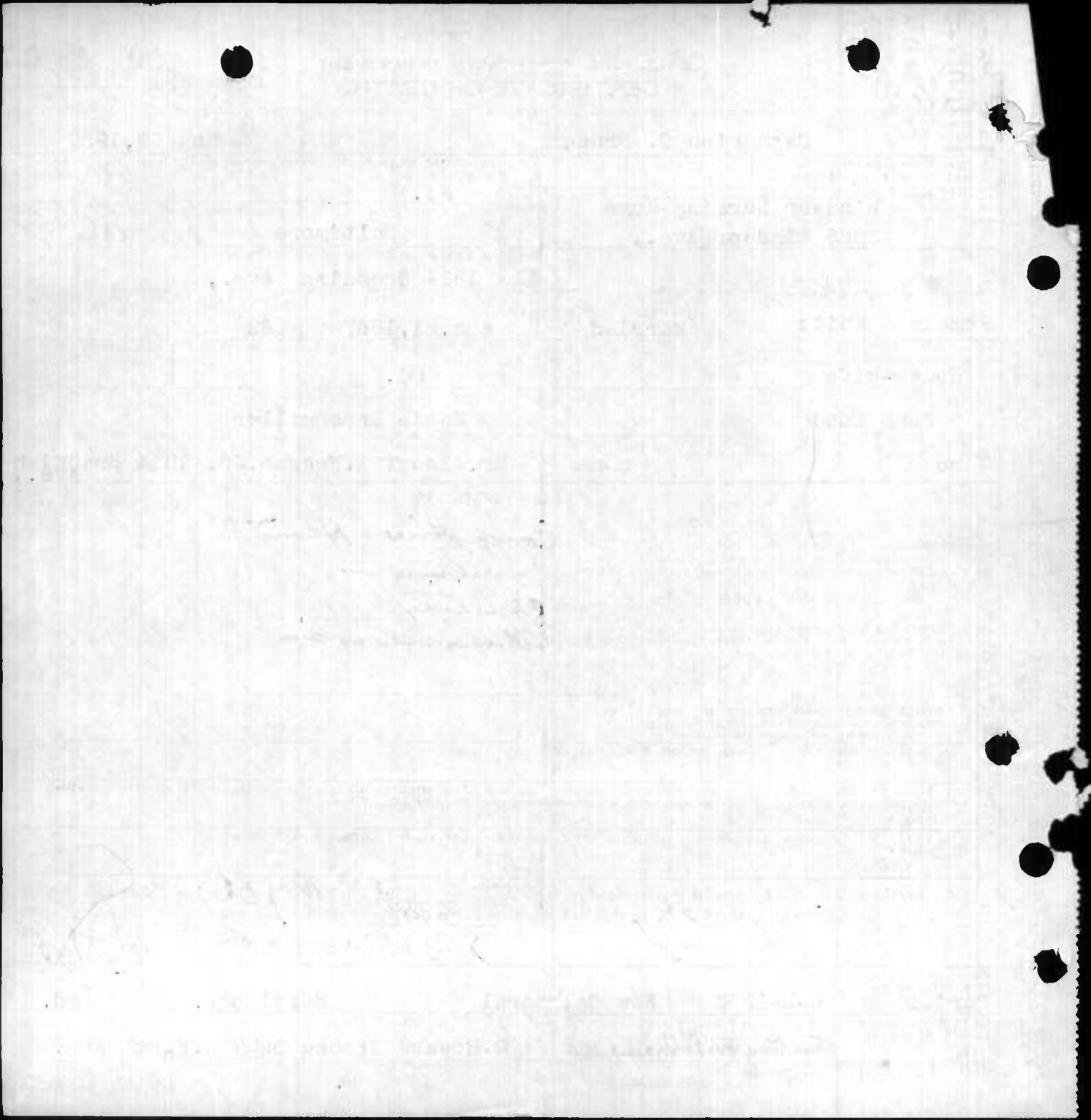
JUN 1 - 1950

VS 150

93E

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully and correctly stated. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4931
Registered No.

BIRTH NO. 4931

1. NAME OF DECEASED (Type or Print) <i>Mr Herman Vollman</i>			2. DATE OF DEATH <i>5-31-50</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Joseph's Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>505 Sunset Rd</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>8-6-89</i>	9. AGE (In years last birthday) <i>60</i>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>School Conductor</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>B.T.C.</i>		
11. BIRTHPLACE (State or foreign country) <i>Balto</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>213-10-0847</i>		
17. INFORMANT <i>Julius C Vollman</i>			ADDRESS		

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) <i>Congestive Heart Failure</i>		DUE TO			
ANTECEDENT CAUSES		(B) <i>Hypertensive arteriosclerosis</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		<i>C.V. Disease</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) <i>Nephrosclerosis, chronic</i>			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>5-7</i> , 19 <i>50</i> , to <i>5-31</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>5-30</i> , 19 <i>50</i> and that death occurred at <i>2:00 PM</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>S. K. Kaon</i>		M. D. <i>St. Joseph's Hospital</i>		23C. DATE SIGNED <i>5-31-50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	24B. DATE <i>6/3/50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt Olivet</i>	24D. LOCATION (City, town, or county) <i>2900 Frederick Rd</i>	(State)	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 1 - 1950</i>		REGISTRAR'S SIGNATURE <i>William Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Nancy H. McKee</i>	
				ADDRESS <i>4101 Chardon</i>	

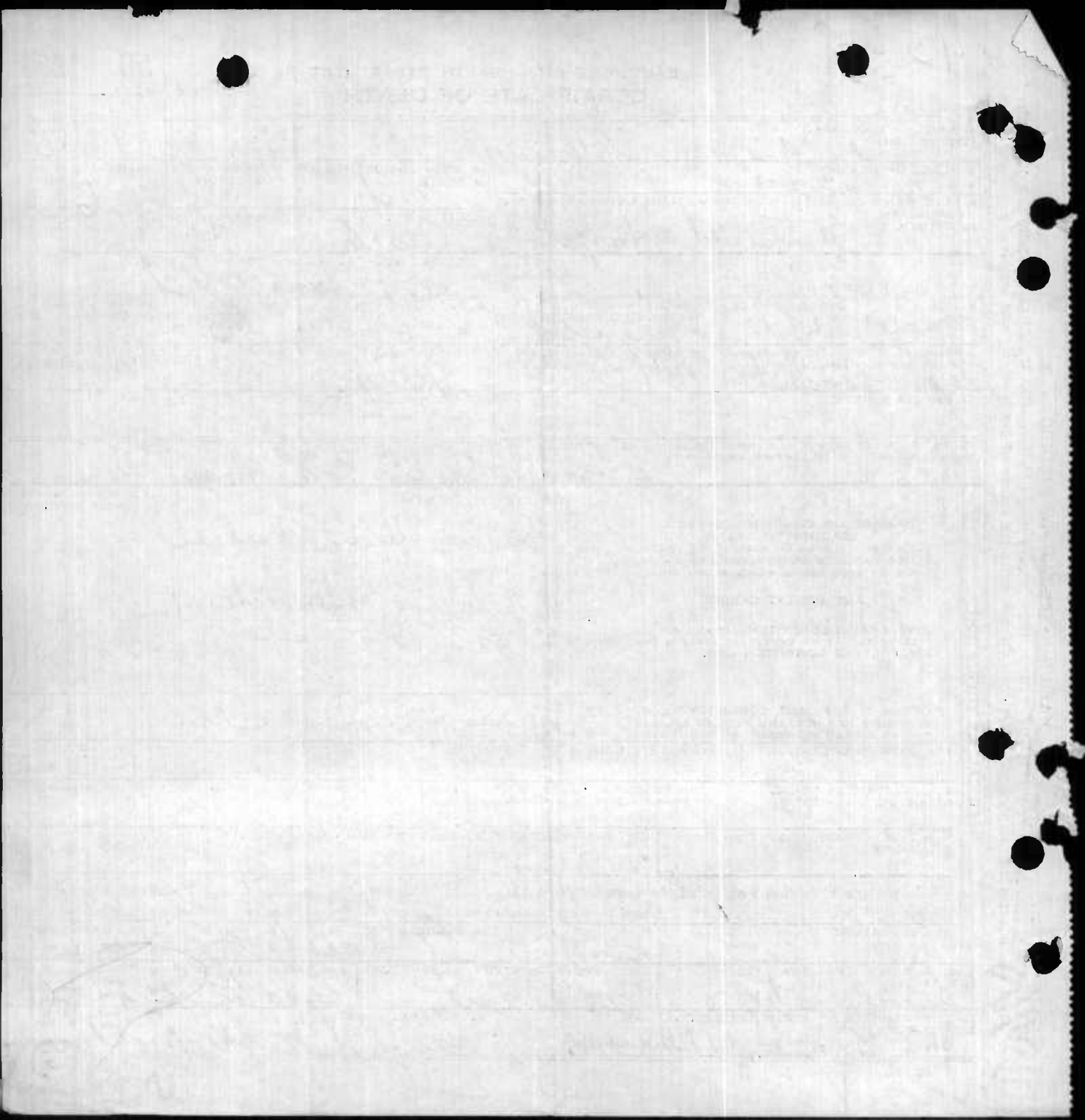
VS 150

430 49

121a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **50 4932**

BIRTH NO. **50 4932**

1. NAME OF DECEASED (Type or Print) Archie SCOTT		2. DATE OF DEATH May 31, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Mayland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City	
c. Length of stay in Baltimore 35 Yrs.		o. STREET ADDRESS (If rural, give location) 14 N. Bond St.	
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 25, 1902
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stevador		10B. KIND OF BUSINESS OR INDUSTRY Water Front	9. AGE (in years last birthday) 47 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME Unkown		11. BIRTHPLACE (State or foreign country) Virginia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. 217-01-9257		14. MOTHER'S MAIDEN NAME Unkown	
17. INFORMANT Helen Gray		ADDRESS 1408 Orlean St.	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Artery Disease		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic Cardiovascular Disease		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>[Signature]</i>		23B. CHIEF MEDICAL EXAMINER M.D. <i>[Signature]</i>		23C. DATE SIGNED May 31, 1950	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/3/1950		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem.		24D. LOCATION (City, town, or county) (State) Brooklyn A.A.CO. Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 1 - 1950		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR Elroy O. Wilson		ADDRESS 1000 Brantly Ave	

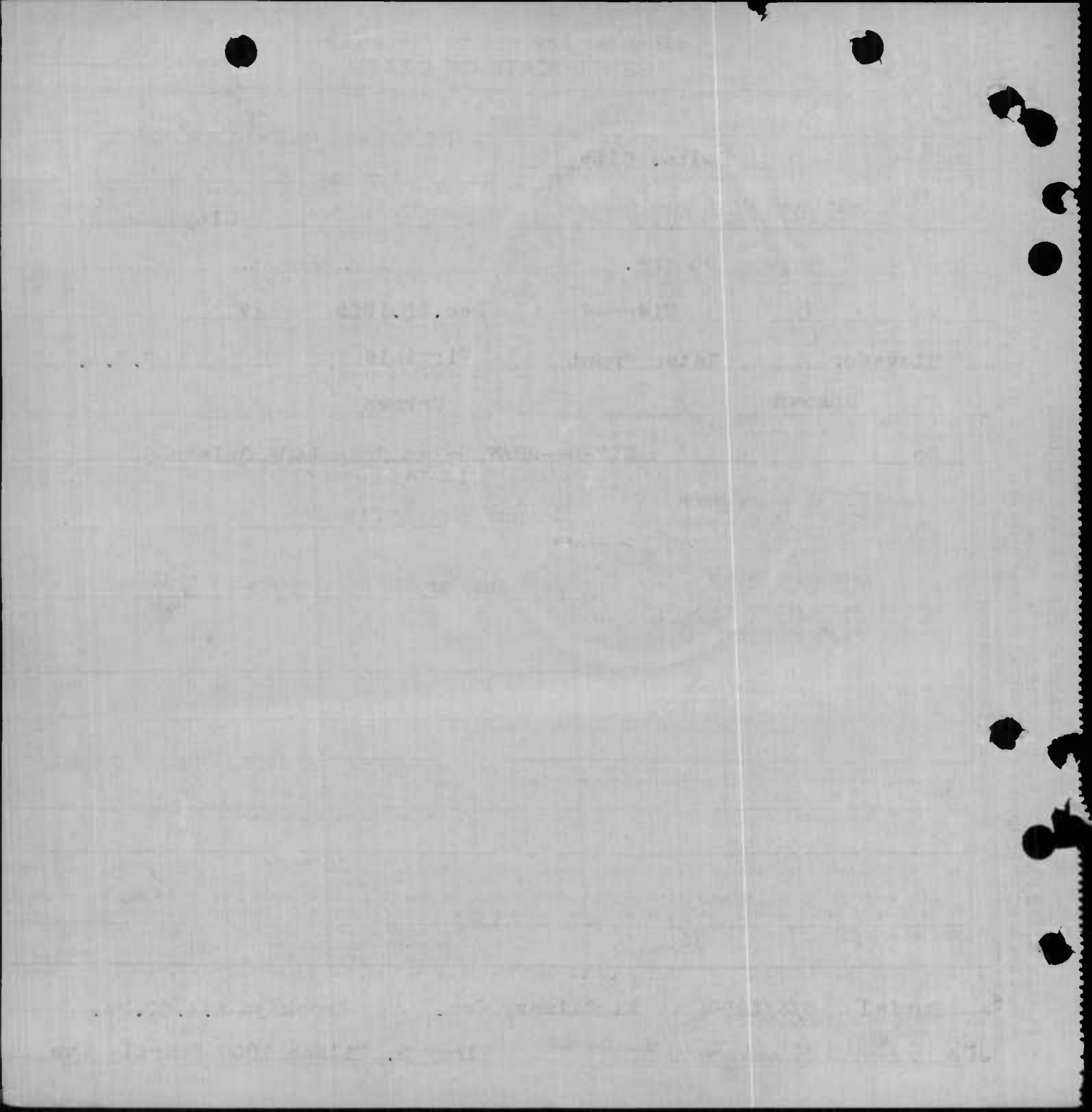
VS 151

906 51

93D ✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4933
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <u>Andrew John White Sr</u>		2. DATE OF DEATH <u>6/1/50</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Balto</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>906 S. PACA ST</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto Md 21-01</u>	
c. Length of stay in Baltimore <u>Life</u>		D. STREET ADDRESS (If rural, give location) <u>East Balt</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Jan 13, 1883</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Paper Hanger</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	9. AGE (In years last birthday) <u>67</u> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME <u>Unknown</u>		11. BIRTHPLACE (State or foreign country) <u>Balto Md</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <u>Unknown</u>	
16. SOCIAL SECURITY NO. <u>no</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
17. INFORMANT <u>Andrew J White Jr</u>		ADDRESS <u>906 S Paca St</u>	

18. <u>332X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Thrombosis Cerebral</u> DUE TO (A) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Bronchiectasis</u> DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>4 years</u>
--	--

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>5/1/50</u> , to <u>6/1/50</u> , that I last saw the deceased alive on <u>6/1/50</u> , and that death occurred at <u>4 A. m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>E Mendelis</u>		23B. ADDRESS <u>651 N Bentall St</u>		23C. DATE SIGNED <u>6/1/50</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>6/3/50</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Rak Lane Cmn</u>	
24D. LOCATION (City, town, or county) (State) <u>Eastern Ave</u>		24E. FUNERAL DIRECTOR <u>Chas P. Towell</u>		24F. ADDRESS <u>2427 Calwood Lane Ave</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 1 - 1950</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, Jr</u>		25. FUNERAL DIRECTOR <u>Chas P. Towell</u>	

VS 150

340 U9

83 B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Phone
WK 0888

We Mendel's
451 N Benton St

Sharon's Dress

from his home

2111 A
20 11/11 20

11/11 20

2011/11 20

2011/11 20

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4934

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

WILLIAM THOMAS ELY

2. DATE
OF
DEATH

May 30, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

624 Wicklow Road

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

624 Wicklow Road

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Mar. 6, 1864

9. AGE (In years, last birthday)

86

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired - 21 Yrs.

10B. KIND OF BUSINESS OR INDUSTRY

Mail Carrier, U.S.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles Ely

14. MOTHER'S MAIDEN NAME

Catherine Bullock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT ADDRESS

Mrs. Rowland J. Baum (Daughter)

18.

446X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Chronic Hypertension

DUE TO

6 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis

DUE TO

10 yrs.

II

(C)

Ch. Nephritis -
CAUSE NEPHRITIS.

5 yrs.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1950, to May 30, 1950, that I last saw the deceased alive on May 29, 1950, and that death occurred at 5 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Geo. E. Wells

M. D.

23B. ADDRESS

4100 Edmondson Ave.

23C. DATE SIGNED

5/31/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

6/2/50

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

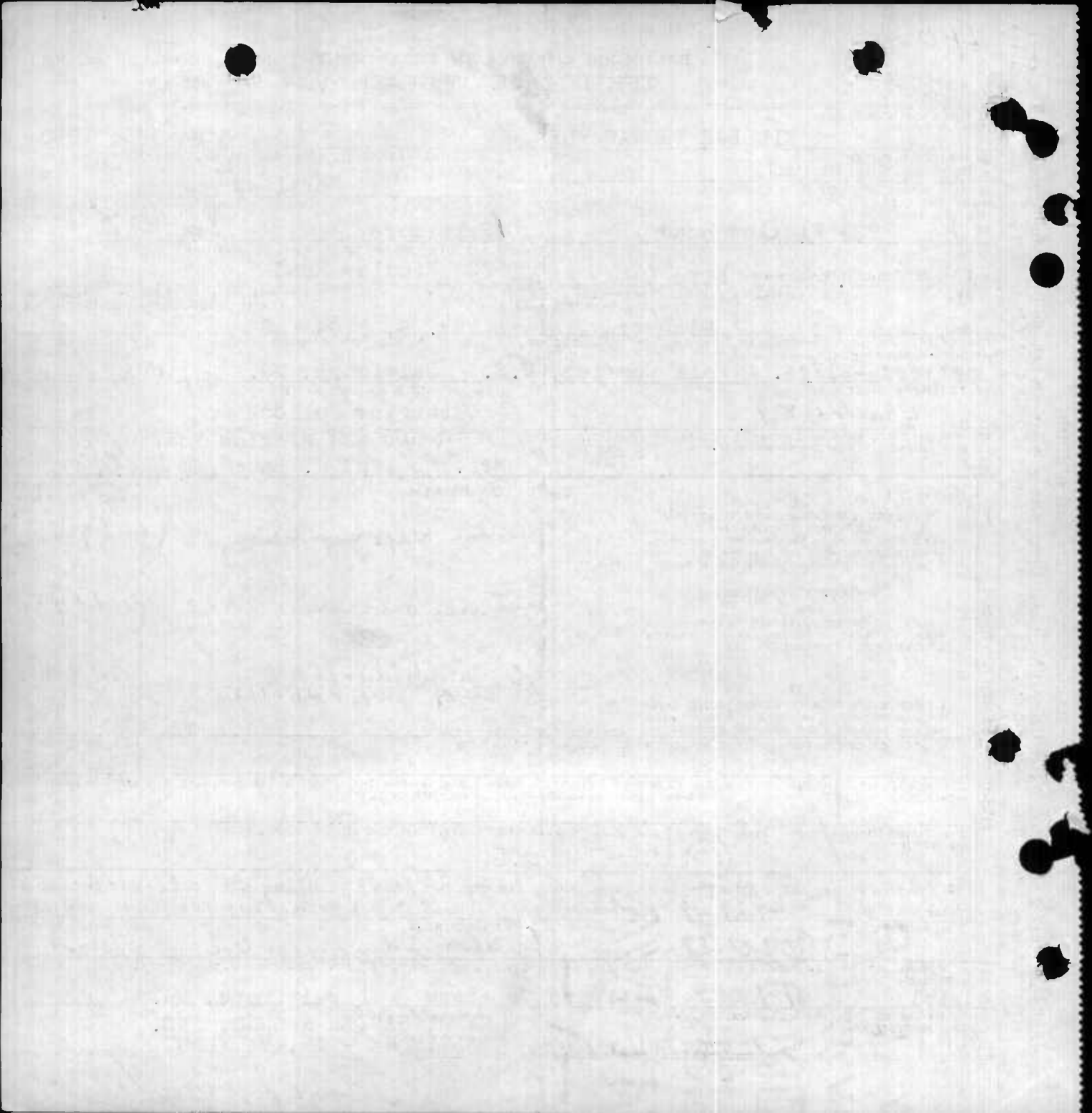
Christington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.
BALTIMORE - 13, MARYLAND

ADDRESS

George P. Sander 131a



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4935

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Estelle, Tyson

2. DATE
OF
DEATH

5-30-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Baltimore City Hospitals

4940 Eastern Ave.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

7-05

D. STREET ADDRESS (If rural, give location)

817 N. Dallas St.

c. Length of stay in Baltimore

17 YRS

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 27, 1896

9. AGE (In years
last birthday)

53

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Squire Turnage

14. MOTHER'S MAIDEN NAME

Russ ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Records B.C. H. 4940 Eastern Ave.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Nephrosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-18, 1950 to 5-30, 1950, that I last saw the
deceased alive on 5-30, 1950 and that death occurred at 3:05 AM from the causes and on the date stated above.

23A. SIGNATURE

J. B. Rogers M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

5-30-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 1 - 1950

Huntington Williams, M.D.

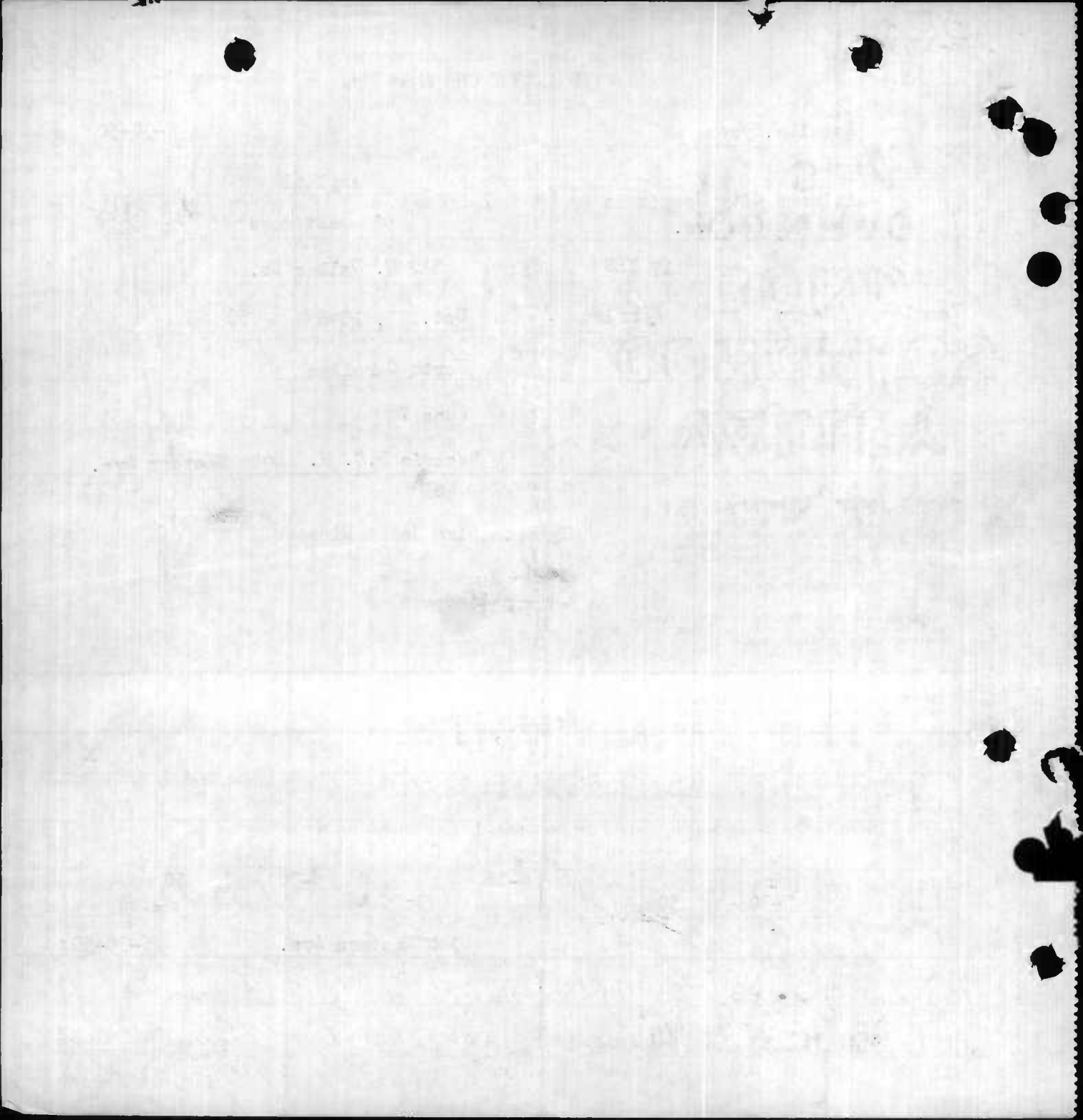
Mrs. Robert A. Elliot & Daughter

VS 150

1129 N. Caroline St
131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4936

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MRS. FRANCES G. FRANCE			2. DATE OF DEATH 5/31/50		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 3415 E. Baltimore St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-08		
c. Length of stay in Baltimore 69 Years			D. STREET ADDRESS (If rural, give location) 3415 E. Baltimore St.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 22, 1874		9. AGE (In years last birthday) 76
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) Penna.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Herman Kimble			14. MOTHER'S MAIDEN NAME Rosina Kuntz		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	17. INFORMANT ADDRESS Joseph P. France Jr. 3415 E. Baltimore		

MEDICAL CERTIFICATION	18. 443X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Pulmonary Edema		
	DUE TO				
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Cardio-Vascular Hypertensive Disease		
			(C) Arteriosclerosis		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Cerebral Hemorrhage		10 yrs.

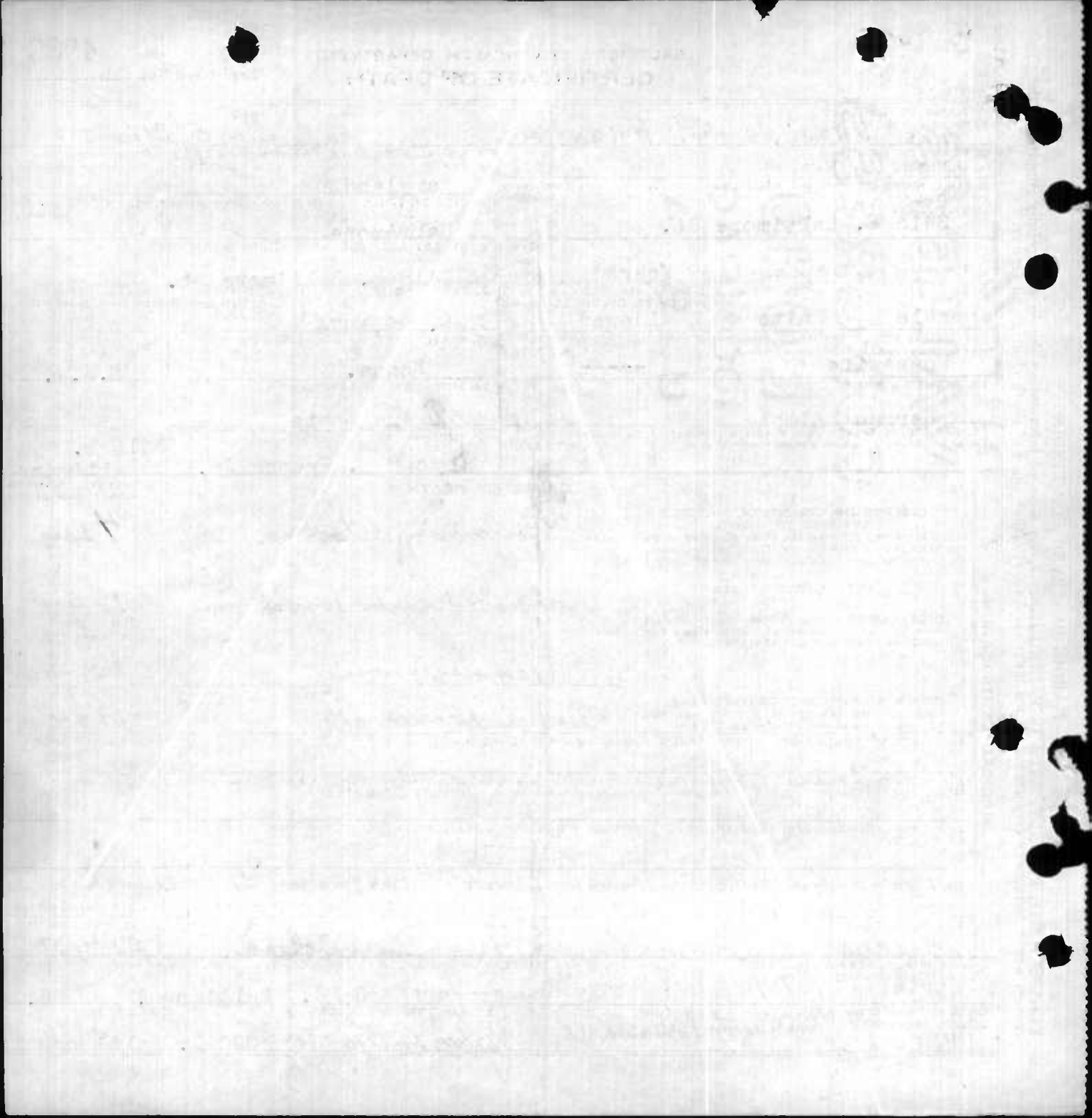
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **May 6, 1942** to **May 31, 1950**, that I last saw the deceased alive on **May 23, 1950**, and that death occurred at **8:30 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE Michael J. Dausch	23B. ADDRESS 4636 Belair Road	23C. DATE SIGNED 5/31/50
--	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/3/50	24C. NAME OF CEMETERY OR CREMATORY Holy Cross--Hartford Rd. Baltimore, Md.	24D. LOCATION (City, town, or county) (State)
--	----------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR JUN 1 - 1950	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS John A. Moran 3600 E. Baltimore St.
---	---	--



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

50 4937

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Charles Anthony Stevens

2. DATE
OF
DEATH

May 31, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

12-06

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2109 N. Charles Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Oct. 31, 1889

9. AGE (In years
last birthday)

60

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Insurance Agent

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME

Charles Stevens

14. MOTHER'S MAIDEN NAME

Mary Barchiski

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)

No

No

16. SOCIAL
SECURITY NO.

184-22-8116

17. INFORMANT

Blancha Fields (Daughter)

ADDRESS
2805 Brendan Ave.
Balto., Md.

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

(A) Myocardial infarction +
Pulmonary emboli

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Hypertensive Cardiovascular disease

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from May 28, 1950, to May 31, 1950, that I last saw the
deceased alive on May 31, 1950, and that death occurred at 11:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

William A. Ransa

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

5-31-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/3/50

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John A. Moran

ADDRESS

3000 E. Balto. St.

JUN 1 - 1950

VS 150

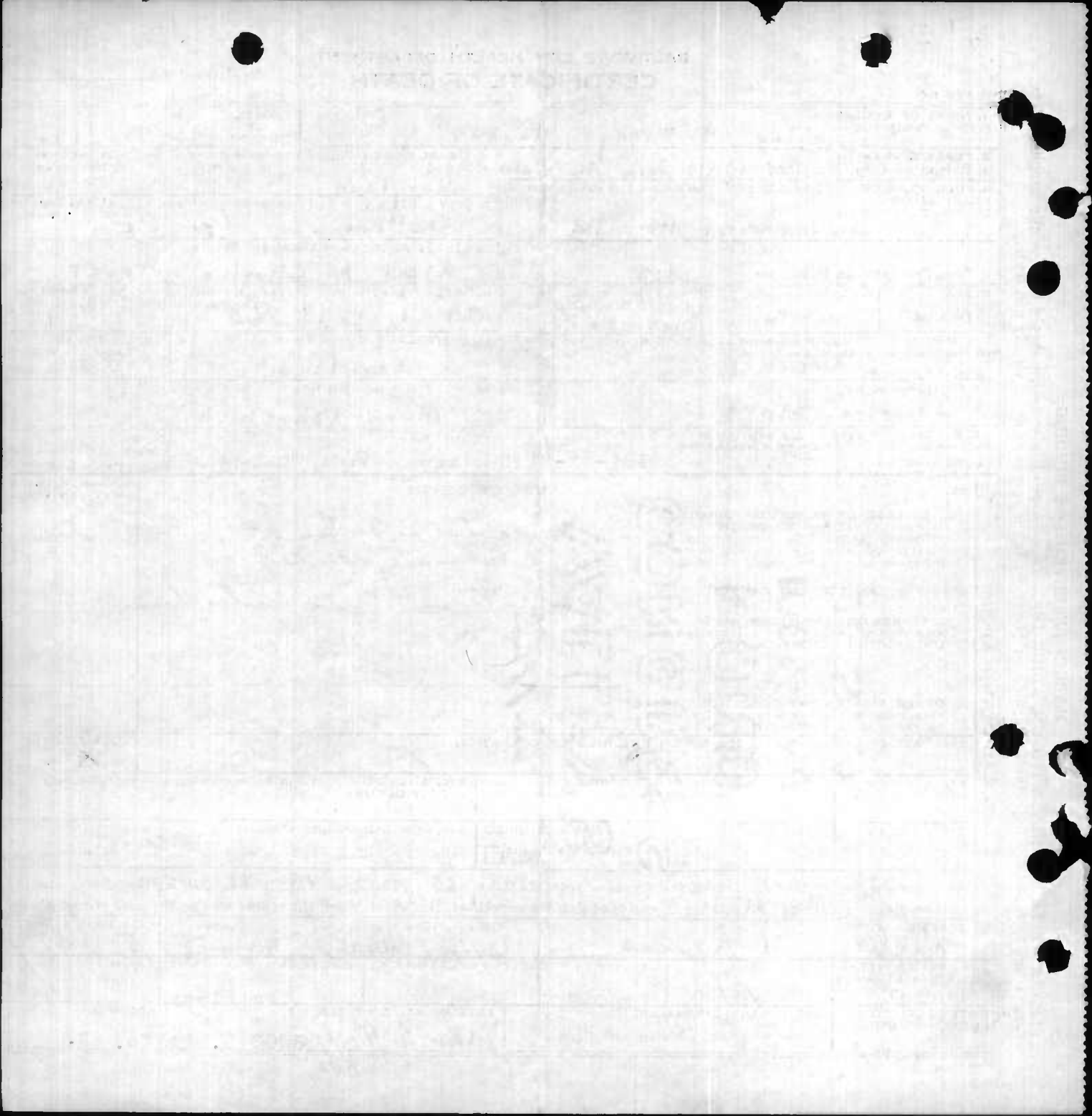
27480

N64

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4938
Registered No.

BIRTH NO. 4938

1. NAME OF DECEASED (Type or Print) Mary Theresa Gillespie			2. DATE OF DEATH May 31, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland 1000 Caton Avenue			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Baltimore, Md. B. COUNTY Baltimore, Md. C. CITY OR TOWN (If outside corporate limits, write the R.A.L. and give township) Baltimore, Md. 27-16 D. STREET ADDRESS (If rural, give location)		
B. FULL NAME OF HOSPITAL OR INSTITUTION Jenkins Memorial Hospital					
c. Length of stay in Baltimore Life			Yrs. Mos. Days		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 4-10-1866	9. AGE (In years last birthday) 84	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife (Housekeeper) Church Rectory			11. BIRTHPLACE (State or foreign country) Baltimore, Md.		
13. FATHER'S NAME Andrew Cramer (or Cromer)			14. MOTHER'S MAIDEN NAME Mary Ann Clark		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		
17. INFORMANT			ADDRESS Jenkins Mem. Hospt.. 1000 Caton Ave.		

18. **443X1**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Congestive heart failure

Arteriosclerotic Hypertensive CVD

Hypertrophic Arthritis

INTERVAL BETWEEN ONSET AND DEATH

1-3 months

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July 1, 1949</i> to <i>May 31, 1950</i> , that I last saw the deceased alive on <i>May 31, 1950</i> , and that death occurred at <i>3:20 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Herbert A. Leickas</i>		23B. ADDRESS <i>St. Agnes Hospital</i>		23C. DATE SIGNED <i>5/31/50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE June 2, 1950		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.	
24D. LOCATION (City, town, or county) (State) Pikesville, Balto. Co. Md.					
DATE RECEIVED BY LOCAL REGISTRAR JUN 1 - 1950		REGISTRAR'S SIGNATURE <i>Thurston Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Vernon Lemmon</i>	
				ADDRESS 4611 Park Heights Ave.	

LC

138446

BIRTH NO.

4939

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4939
Registered No.1. NAME OF DECEASED
(Type or Print)

Edward T. Fitzpatrick

2. DATE
OF
DEATH

June 1, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Baltimore City Hospitals

4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

21 N. Carey Street

c. Length of stay in Baltimore

35 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 25, 1882

9. AGE (in years
last birthday)

67

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

1300 R.R.

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Fitzpatrick

14. MOTHER'S MAIDEN NAME

Mary Kelly

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Records- Baltimore City Hospitals
4940 Eastern Ave.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Broncho Pneumonia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 29, 1950 to June 1, 1950 that I last saw the
deceased alive on June 1, 1950, and that death occurred at 10:55 Am from the causes and on the date stated above.

23A. SIGNATURE

R. Hogan

23B. ADDRESS

Baltimore City Hospitals
4940 Eastern Avenue

23C. DATE SIGNED

June 1, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6/26

24C. NAME OF CEMETERY OR CREMATORY

St Marys

24D. LOCATION (City, town, or county)

Belts-Bare

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

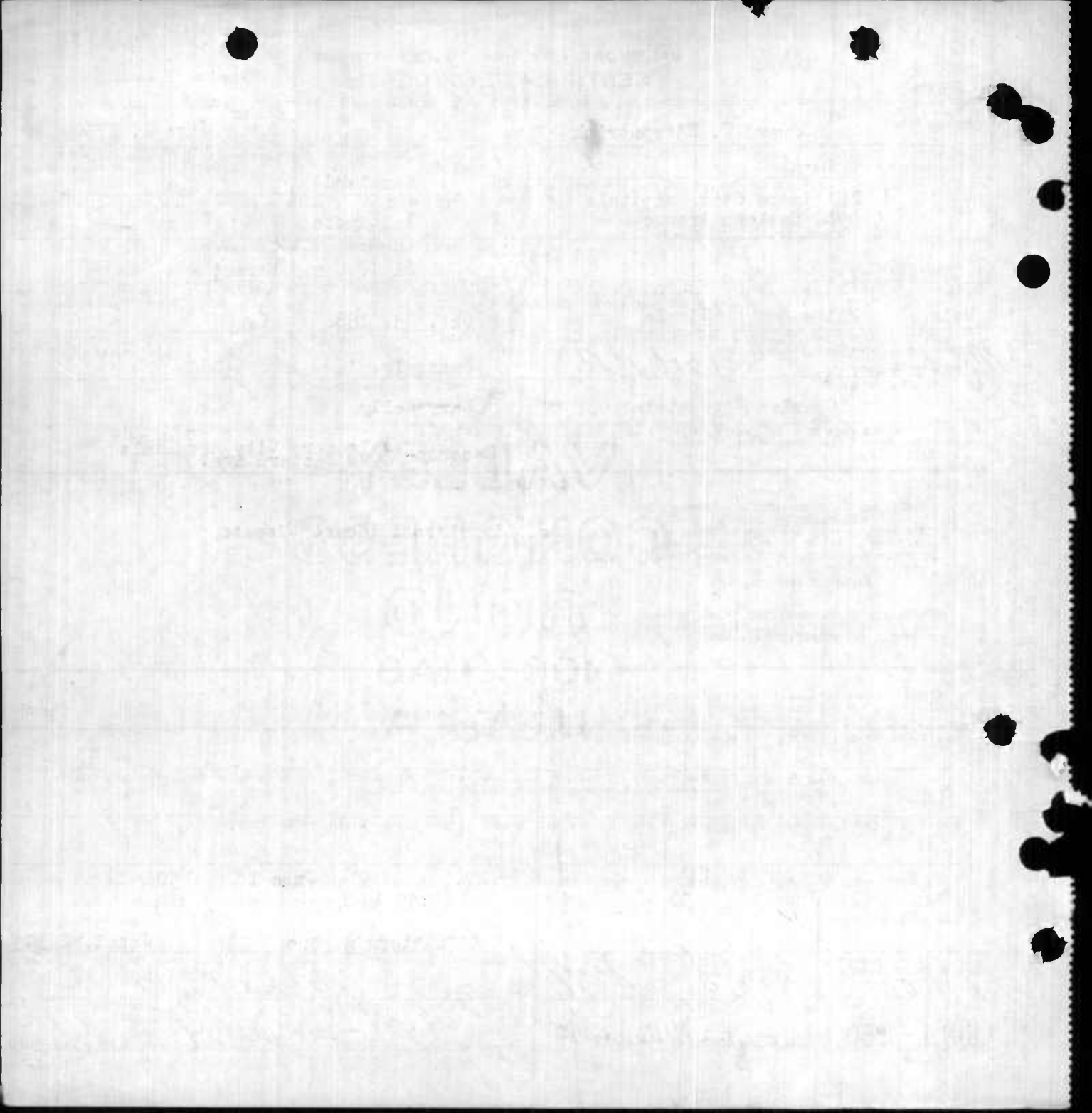
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

1214 St Paul St



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Millie M. BARRETT

2. DATE
OF
DEATH

May 31, 50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

3440 Belair Rd

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO. Md. 27-01

D. STREET ADDRESS (If rural, give location)

3440 Belair Rd.

c. Length of stay in Baltimore

20 yrs

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

JAN. 6. 1866

9. AGE (In years
last birthday)

84

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Accomac Co. Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wm. C. GODWIN

14. MOTHER'S MAIDEN NAME

Eliz Blokom.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Howard A. Kew

ADDRESS

5440 Belair Rd

18.

331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

5 days

ANTECEDENT CAUSES

DUE TO

(B)

Arterio Sclerosis

6 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from May-27, 1950, to May 31, 1950, that I last saw the deceased alive on May 30, 1950, and that death occurred at 7 A. m., from the causes and on the date stated above.

23A. SIGNATURE

E. G. Hall Hall M.D.

23B. ADDRESS

1631 E North Ave

23C. DATE SIGNED

June 1-1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 3 50

24C. NAME OF CEMETERY OR CREMATORY

Salem ME. Cem. POCO MOKE CITY.

24D. LOCATION (City, town, county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

Paul Neumann

ADDRESS

6067 Hayford Rd

JUN 1 - 1950

83a

52-10-100

Willis M. Bennett
State Librarian
1918

1940 1/10 1/10 1/10

1940s

Account Co
Jan 1. 1852

[Faint handwritten marks]

Wm. O. Gordon

Mrs. H. M. H. H. H.

1631 E Main St
Port Huron Mich 48130

W-425
50 4941
WILKINSBALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4941

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Harry C. Wilkins

2. DATE
OF
DEATH

May 31, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

E. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday)

10. Under 1 Year Months: Days

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTH PLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma Prostate gland

6 mos

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1949 to May 31, 1950, that I last saw the deceased alive on May 30, 1950, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

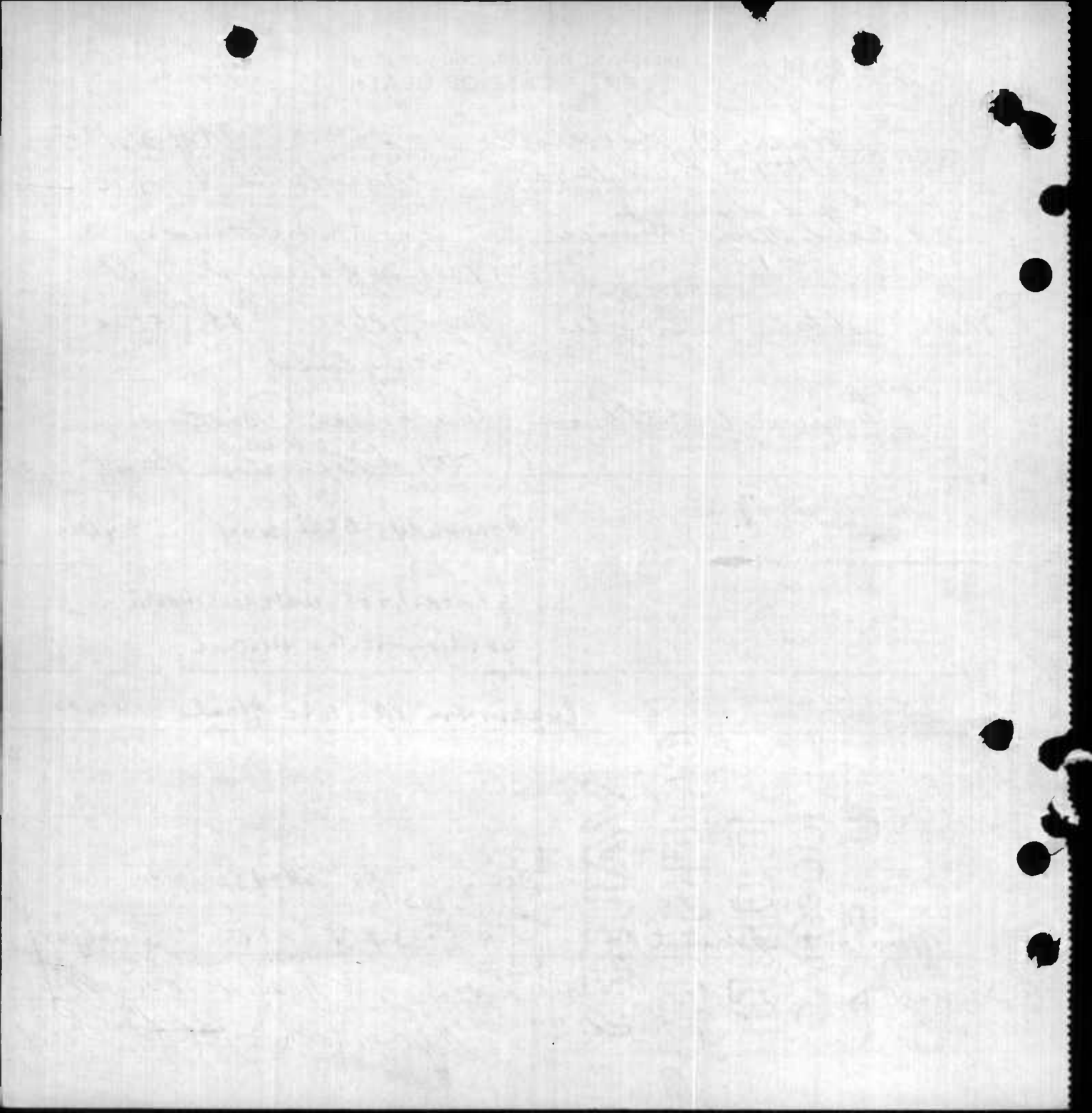
VS 150

512

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 1942

Registered No.

BIRTH NO. 50-09404

1. NAME OF DECEASED
(Type or Print)

BABY GIRL FANGMEYER

2. DATE
OF
DEATH

5/10/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

MARYLAND BALTIMORE

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

MARYLAND GENERAL HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

6208 Dist Ave. #15 27-20

C. Length of stay in Baltimore

1 Mos. Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

5/9/50

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

US

13. FATHER'S NAME

DONALD FANGMEYER

14. MOTHER'S MAIDEN NAME

ELIZABETH TALLARKO

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 761.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) ANOXEMIA

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) PROLONGED LABOR

DUE TO

(C) PROLAPSED CORD

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/9, 1950, to 5/10, 1950, that I last saw the deceased alive on 5/10, 1950, and that death occurred at 6:50 P. m., from the causes and on the date stated above.

23A. SIGNATURE

George Brown

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

5/30/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL MAY 31 1950

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

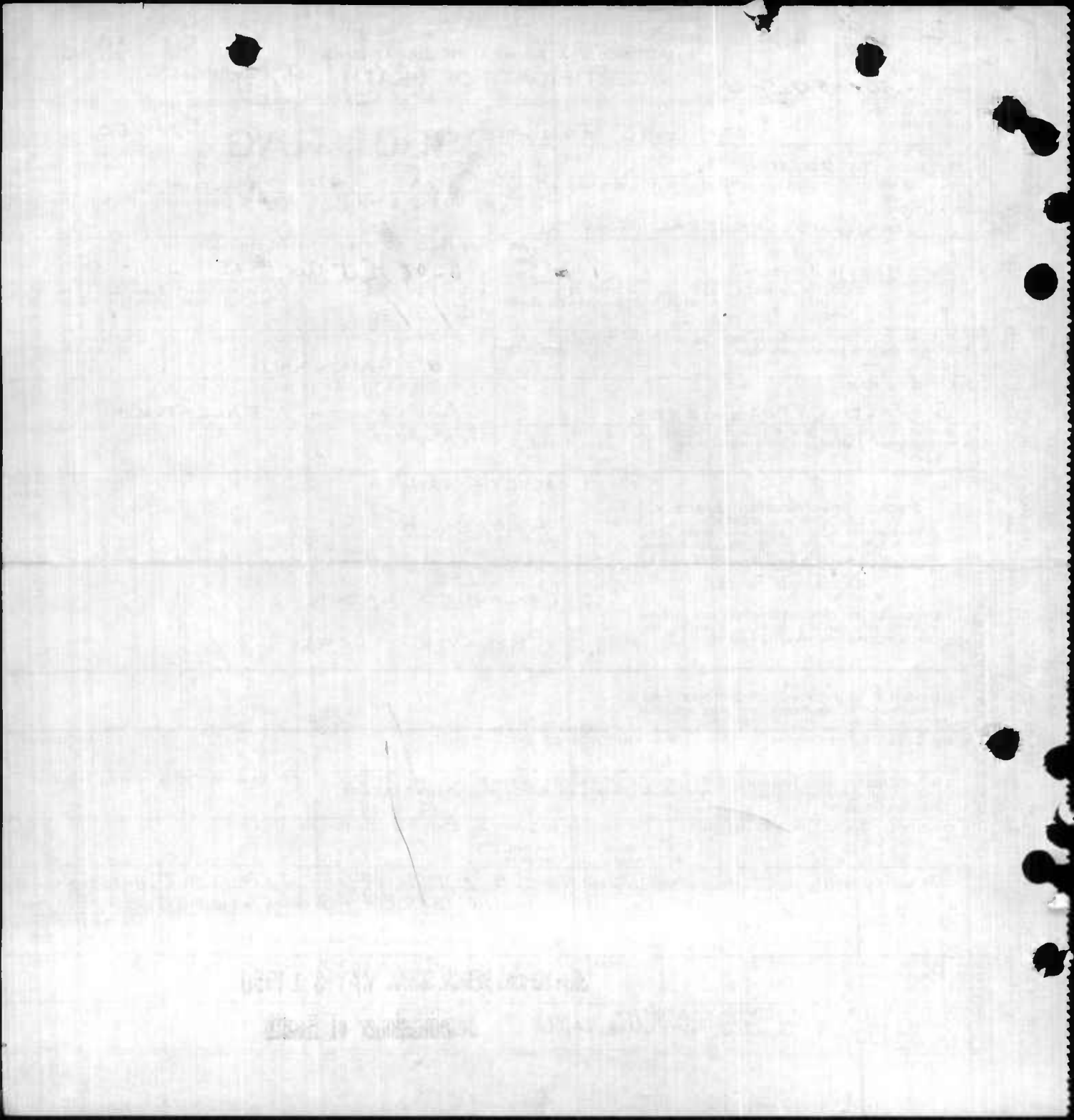
JUN 2 - 1950

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160c

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4943
Registered No.

BIRTH NO. 50-09739

1. NAME OF DECEASED
(Type or Print) **BABY CURTIS**

2. DATE OF DEATH **May 17, 1950**

3. PLACE OF DEATH:
A. **Baltimore City, Maryland**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**
B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

Baltimore City Hospital

D. STREET ADDRESS (If rural, give location)
1225 Central Avenue 10-01

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

female

colored

single

May 17, 1950

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Baltimore, Maryland

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

unknown

18.

750X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Congenital atelectasis**

DUE TO

ANTECEDENT CAUSES

(B) **Anencephalus**

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED **May 17, 1950**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)

UNIVERSITY MEDICAL SCHOOL MAY 29 1950

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

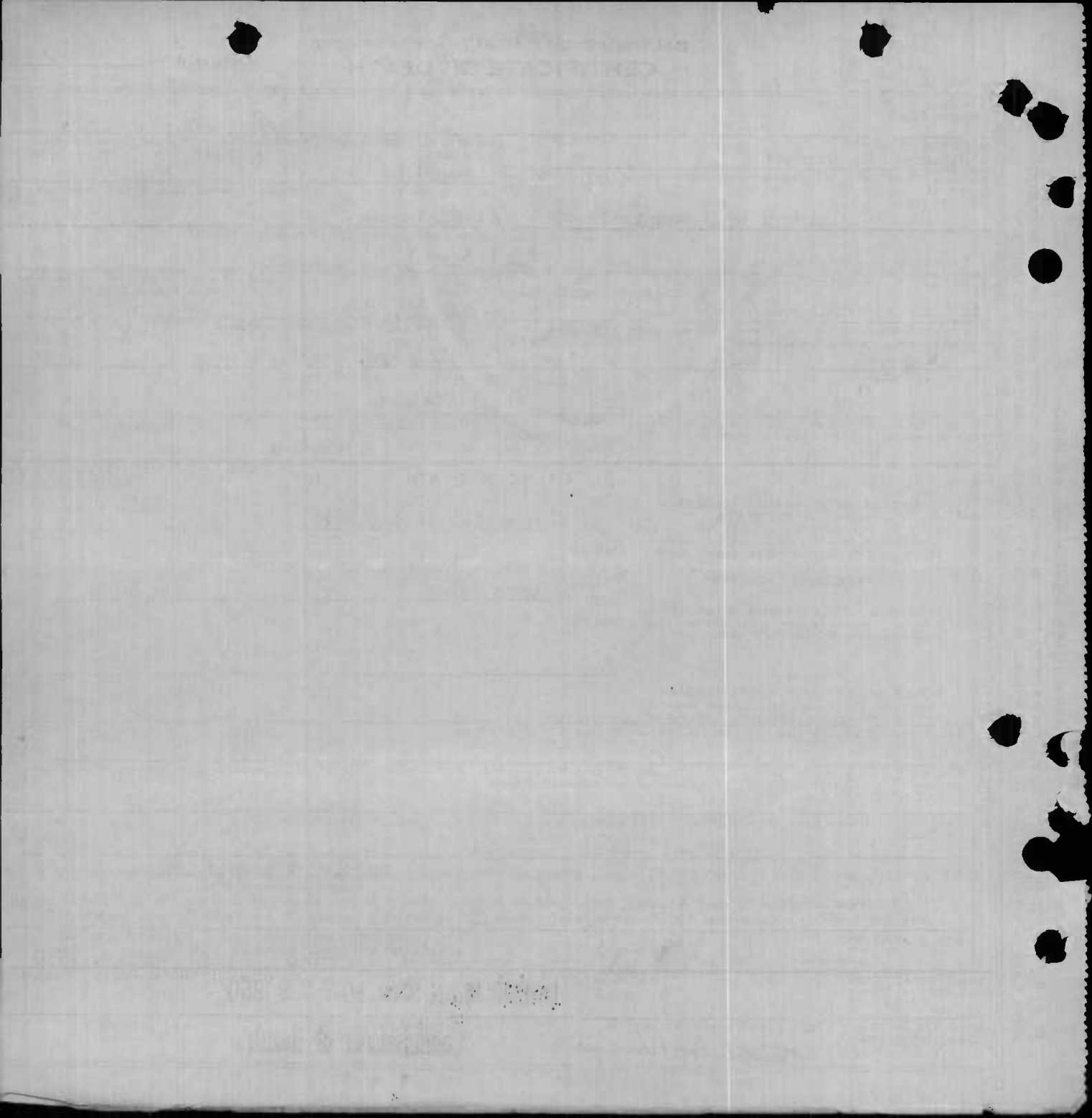
25. FUNERAL DIRECTOR

ADDRESS

JUN 2 1950

Wilmington Williams, MD

Commissioner of Health



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4944
Registered No.

Q-4131

FANNIE GOHIBERG

2. DATE OF DEATH 6-1-50

1. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2520 Quantico Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-13

D. STREET ADDRESS (If rural, give location)
2520 Quantico Ave

C. Length of stay in Baltimore

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

9. AGE (In years last birthday) 69

If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
Meyer

14. MOTHER'S MAIDEN NAME
Bessee

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT
Irwin Goldberg

ADDRESS
Same

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO
Acute Coronary infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
Coronary sclerosis

(C) DUE TO
General arterio sclerosis

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/15, 1950, to 5/28, 1950, that I last saw the deceased alive on 5/28, 1950, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE
A. H. Hornstein

23B. ADDRESS
M. D. 104 E. Biddle St

23C. DATE SIGNED
6/1/50

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
6/2/50

24C. NAME OF CEMETERY OR CREMATORY
Mt Carmel

24D. LOCATION (City, town, or county) (State)
Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR
JUN 2-1950

REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

25. FUNERAL DIRECTOR
Jack Lewis Inc - 2100 E. Enoch Pl.

ADDRESS

Hornstein
204 E Middle St

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4945
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Constantinuous

(Gerogie) Georgiades

2. DATE
OF
DEATH

May 20, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

134 N. Exeter Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

134 N. Exeter St.

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

N

8. DATE OF BIRTH

U

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

O

11. BIRTHPLACE (State or foreign country)

K

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

N

14. MOTHER'S MAIDEN NAME

O

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)

U

16. SOCIAL
SECURITY NO.

17. INFORMANT

W

ADDRESS

N

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

Coronary Artery Disease

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
May 20, 195024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

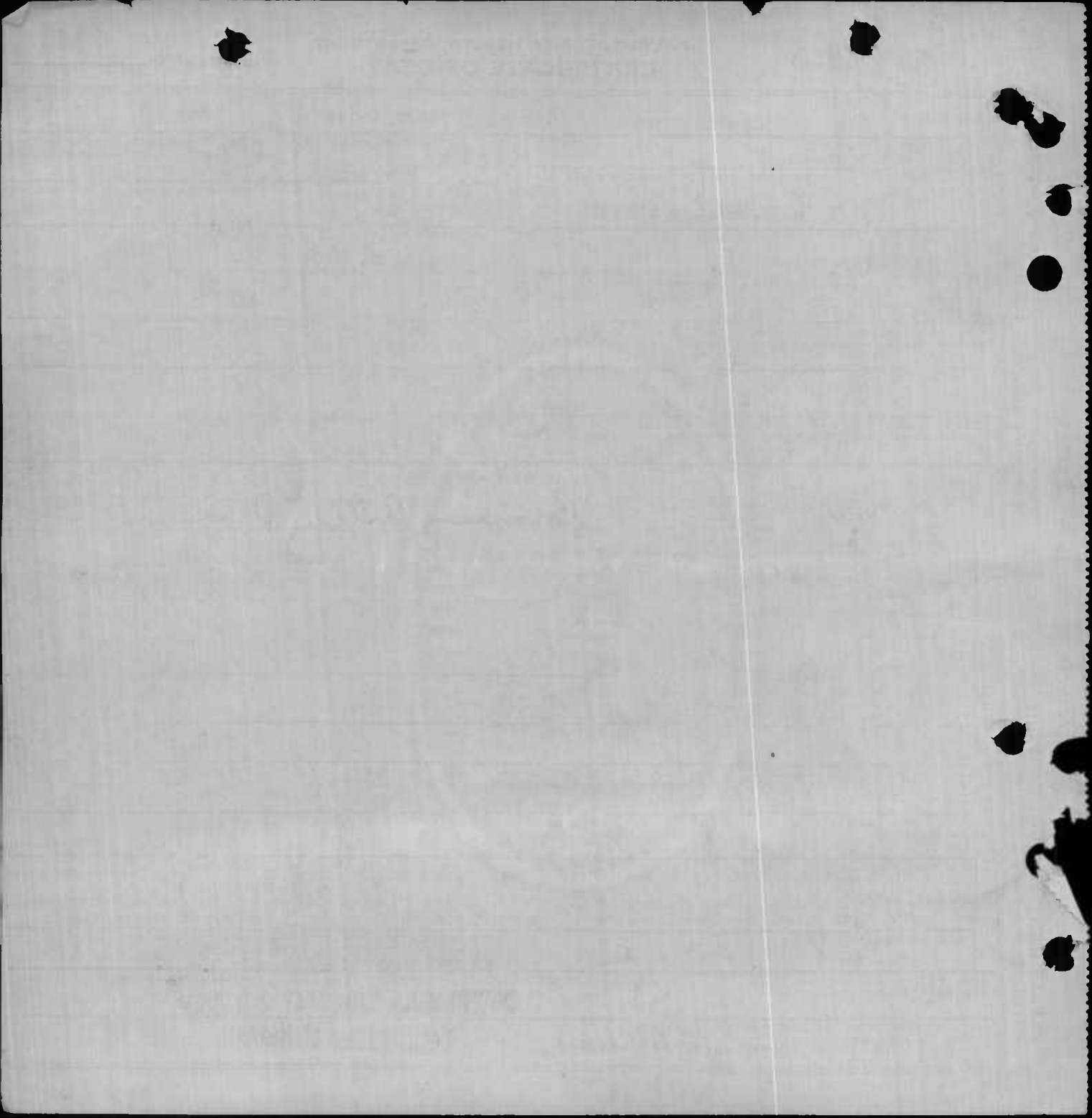
25. FUNERAL DIRECTOR

ADDRESS

UNIVERSITY MEDICAL SCHOOL MAY 29 1950

Commissioner of Health

94a ✓



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4946
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE

BIAS

2. DATE
OF
DEATH

May 21, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

649 Lemmon Street 4-02

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

N

8. DATE OF BIRTH

U

9. AGE (In years
last birthday)

82

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

O

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

K

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

N

K

14. MOTHER'S MAIDEN NAME

O

15. WAS DECEASED EVEN IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

U

16. SOCIAL
SECURITY NO.

17. INFORMANT

W

ADDRESS

N

18. E 916.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Burns - Second degree

60% body surface

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☒ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

649 Lemmon Street

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

5/21/50 5:15 A.m.

21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☒

21F. HOW DID INJURY OCCUR?

Conflagration - bed fire

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

H. J. McChafferty

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

5/22/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

UNIVERSITY MEDICAL SCHOOL MAY 29 1950

DATE RECEIVED BY
LOCAL REGISTRAR

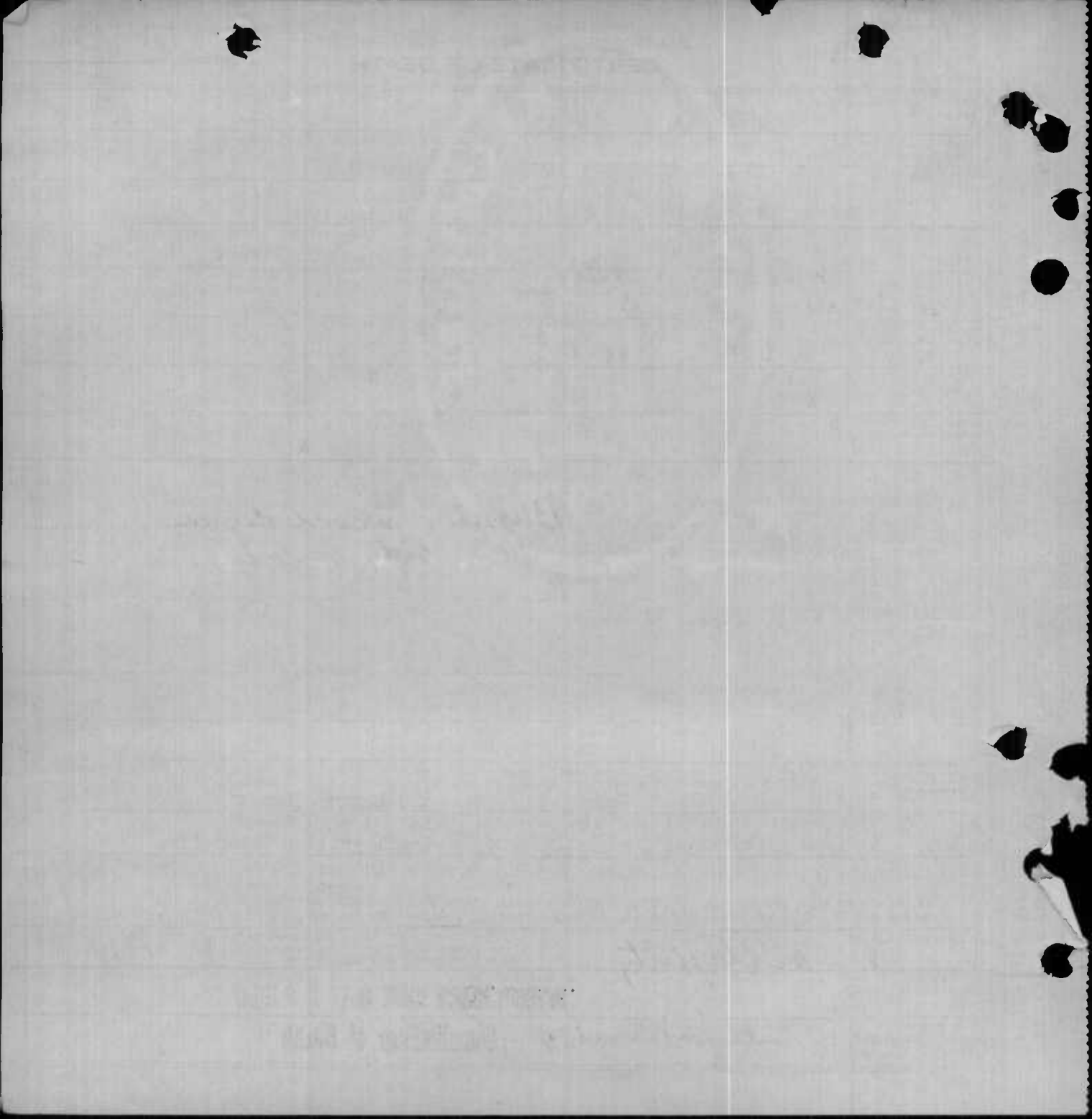
REGISTRAR'S SIGNATURE

Washington Williams, M.D.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4947
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA D. EVANS

2. DATE
OF
DEATH May 30, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

12-03

D. STREET ADDRESS (If rural, give location)

2618 Guilford Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

2618 Guilford Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Dec. 16, 1870

9. AGE (In years last birthday)

79

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Griffith W. Thomas

14. MOTHER'S MAIDEN NAME

Hannah Donne

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

ADDRESS

Miss Flora Patti Evans - 2618 Guilford Ave

18. 331X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

25 days

unknown

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1947 to May 30, 1950, that I last saw the deceased alive on May 26, 1950, and that death occurred at 1 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles R. Eickelbrough

M. D.

23B. ADDRESS

2523 St Paul St

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/2/50

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurman J. Tichenor, M.D.

25. FUNERAL DIRECTOR

Thurman J. Tichenor & Sons, Balto.

ADDRESS

83a md.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4948
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Matwed, Bodnar (Matawi)

2. DATE
OF
DEATH

June, 1- 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

Baltimore City Hospitals.
4940 Eastern Ave.

C. CITY OR TOWN

Baltimore

31

3-01

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

410 S. Bond St.

C. Length of stay in Baltimore

18 YEARS

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

B. DATE OF BIRTH

April 22, 1894

9. AGE (in years last birthday)

56

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PROPRIETOR

10B. KIND OF BUSINESS OR INDUSTRY

GROCERY (R)

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Records B.C.H. 4940 Eastern Ave.

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 22, 1950, to June 1, 1950 that I last saw the deceased alive on June 1, 1950 and that death occurred at 1:50 AM from the causes and on the date stated above.

23A. SIGNATURE

W. J. Rogers

23B. ADDRESS

Baltimore City Hospitals
4940 Eastern Ave.

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

June 5th 1950

24C. NAME OF CEMETERY

St. Stanislaus

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 2-1950

REGISTRAR'S SIGNATURE

Wm. J. Rogers

25. FUNERAL DIRECTOR

ADDRESS

George A. Weber 705 South Ann Street

VS 150

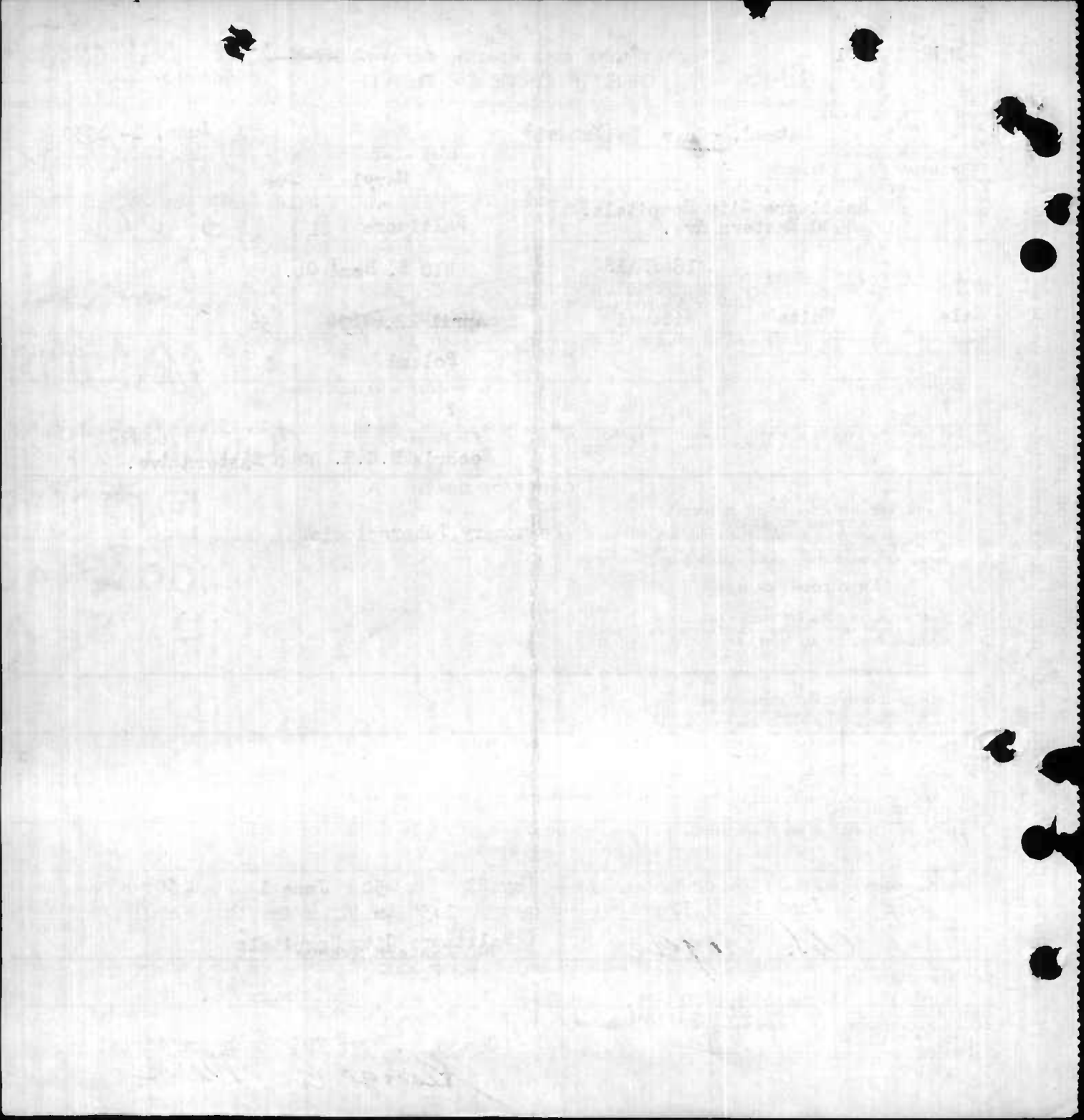
15661

George A. Weber

13B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



TWEDDLE
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4949
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mabel K. Tweddle

2. DATE
OF
DEATH

6/1/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE B. COUNTY
Baltimore Maryland5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Maryland Gen. Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 12-03

c. Length of stay in Baltimore

life.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2416 N. Calvert St

5. SEX

Fe

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

April 13, 1898

9. AGE (In years
last birthday)

60

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John B Tweddle

14. MOTHER'S MAIDEN NAME

Jennie B Fush Hbenger

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Late Nephron Nephrosis

6 days

DUE TO

(B)

Septic Arthritis with generalized septicemia 6 wks.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

gangrenous decubitus ulcer

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/11/50, 19 / to 6/1, 1950, that I last saw the deceased alive on 5/31, 1950, and that death occurred at 6:50 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Velda J. Meier

M. D.

23B. ADDRESS

Maryland Gen. Hosp.

23C. DATE SIGNED

6/1/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

June 5

London Park

City

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

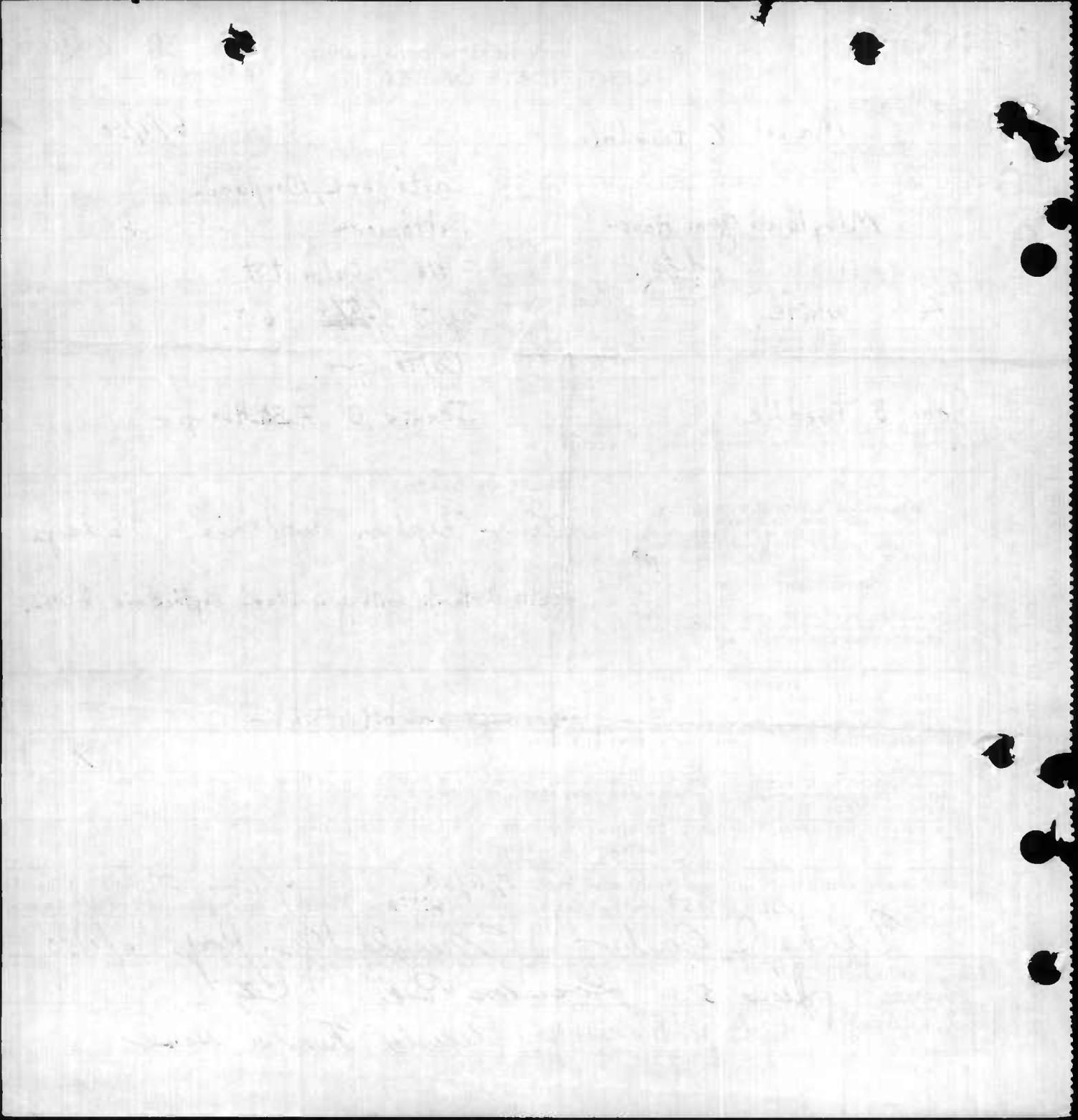
25. FUNERAL DIRECTOR

ADDRESS

JUN 2 - 1950

Thurston Williams, M.D.

Ulrich Funeral Home



M-460
50 4950

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4950
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

(Wilhelmina) Amelia E. Miller

2. DATE
OF

DEATH June 1st. 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4700 Harford Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE 2307 Ashland Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)

Harford Nursing Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Md. 7-03

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widow

8. DATE OF BIRTH

Jan. 13, 1889

9. AGE (In years last birthday)

61

10 Under 1 Year Months Days
11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles Elgert

14. MOTHER'S MAIDEN NAME

Barbara Weber

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
none

17. INFORMANT

ADDRESS

Mrs. Mary Doering, 804 N. Port Street

18. 331X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) DUE TO

(B) DUE TO

Hypertension

(C) DUE TO

Arterio Sclerosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May 26, 1950, to June 1, 1950, that I last saw the deceased alive on May 31, 1950, and that death occurred at 6:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Walter A. Anderson

23B. ADDRESS

3001 Shannon Drive (13) 6-2-50

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 3, 1950

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Winnington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

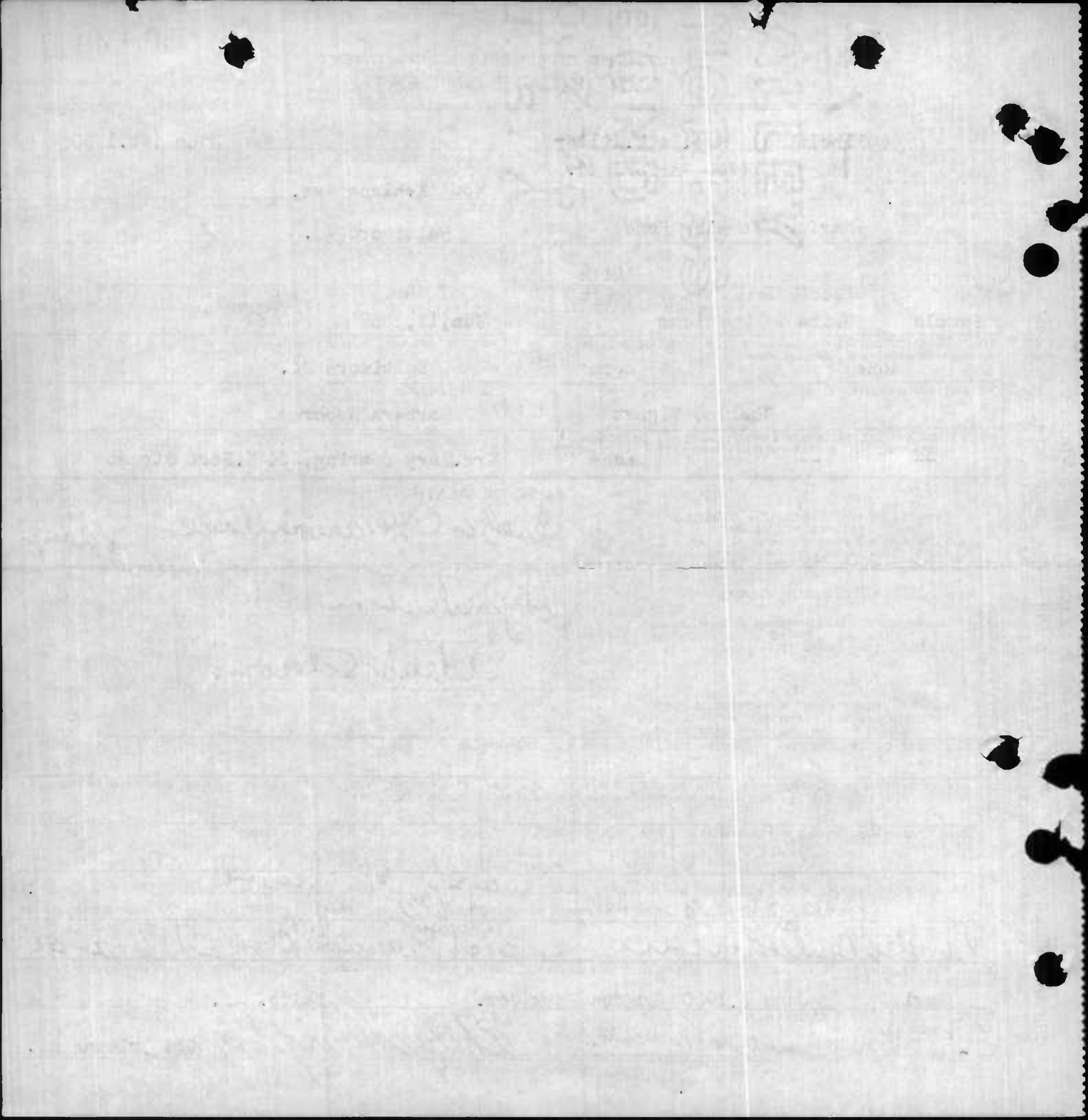
Philip H. Hargis, 2024 Orleans St.

VS 150

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4951
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary E. Rawlings.

2. DATE
OF
DEATH

May 31, 1950.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

223 Calhoun

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

223 N. Calhoun St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore.

19-02

D. STREET ADDRESS (If rural, give location)

223 N. Calhoun St.

c. Length of stay in Baltimore

50

Yrs.

Mos.

Days

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

March 19, 1867, 83

9. AGE (In years
last birthday)H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Calvert Co., Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Richard Johnson.

14. MOTHER'S MAIDEN NAME

Mary Murray.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Oscar Rawlings (son) 223 N. Calhoun St.

18. 442 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A) Chronic Cardiac - Vasculan

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Heart Disease. Rheumatic 2 years

(C) Hypertension

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May - 1948, to May 31, 1950, that I last saw the
deceased alive on May 24, 1950, and that death occurred at 2:30 pm, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 2 - 1950

Winington Williams, M.D.

Mrs. Katie R. Williams. 322 N. Schuylk.

1938

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 4952

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Rosie Lee Ware2. DATE
OF
DEATH5/31/1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. CityB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION1728 E. Madison St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1728 E. Madison St

c. Length of stay in Baltimore

9 Yrs.Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col.7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Widowed

8. DATE OF BIRTH

5/8/18869. AGE (In years
last birthday)64If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Housewife10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

ClintonMD12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

Nelson Baker15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)No16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Cecelia Wilson 1728 E. Madison St

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) arterio-sclerotic
heart diseasesev. yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/17, 1950, to 5/31, 1950, that I last saw the
deceased alive on 5/29, 1950, and that death occurred at 8:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

6-1-5024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

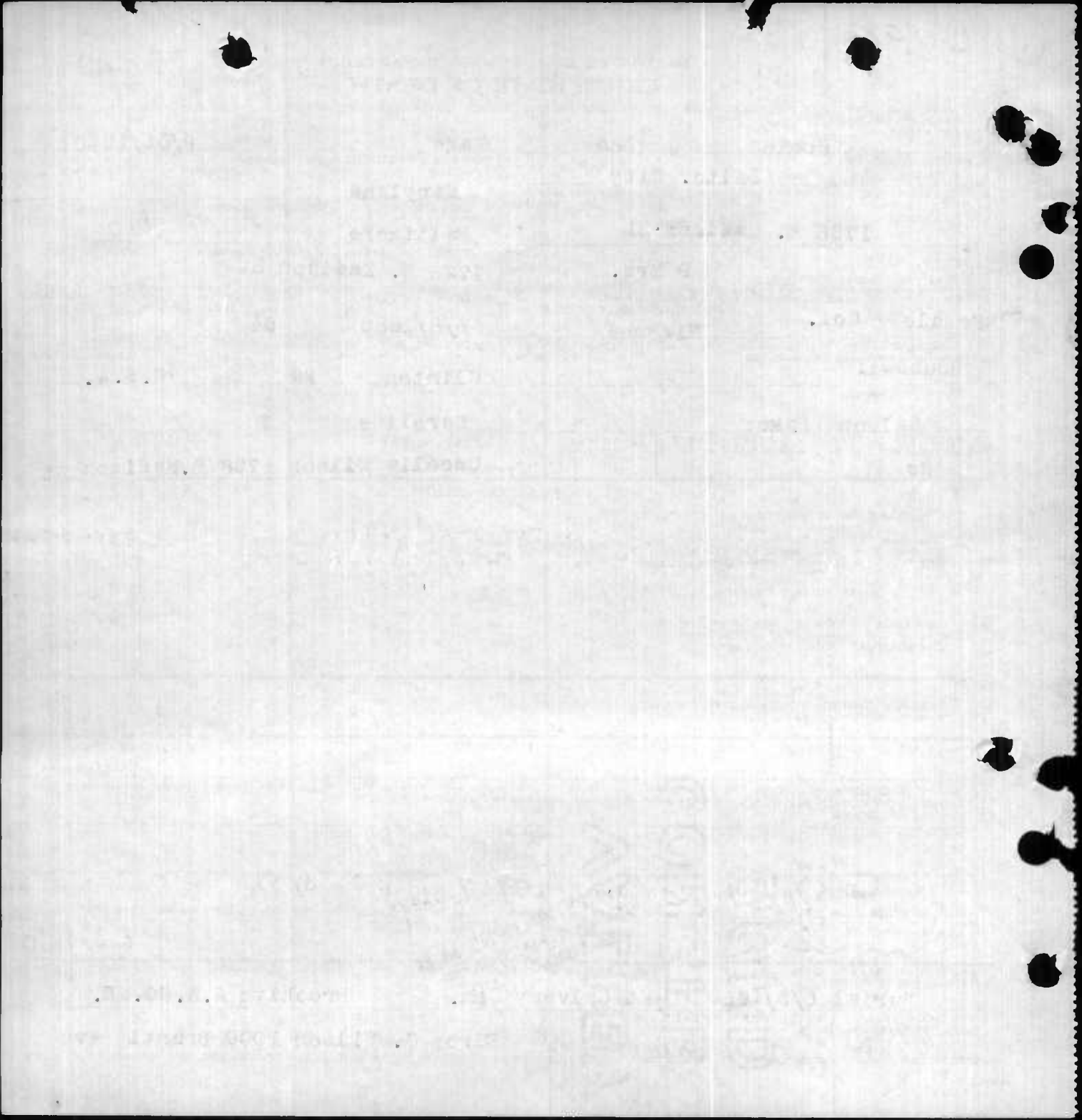
Burial6/3/1950Mt Calvary Cem.Brooklyn A.A.CO.MB.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 2 - 1950Elroy O. WilsonElroy O. Wilson 1000 Brantly Ave



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RP-360

50 4953

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4953
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN MICHAEL RYDER

2. DATE
OF
DEATH

JUNE 1, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD.

Balt.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balt.

12-03

D. STREET ADDRESS (If rural, give location)

313 E. LORRAINE AVE.

C. Length of stay in Baltimore

YRS 1923

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

JUNE 29, 1912

9. AGE (In years last birthday)

37

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BOILER-MAKER

10B. KIND OF BUSINESS OR INDUSTRY

B+OOR.

11. BIRTHPLACE (State or foreign country)

SCOTLAND

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

WILLIAM RYDER

14. MOTHER'S MAIDEN NAME

MARIA HOPKINS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

UNK

16. SOCIAL SECURITY NO.

17. INFORMANT

WIFE

ADDRESS

SAME

18.

592X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) UREMIA

DUE TO

5 DAYS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CHRONIC GLOMERULO-NEPHRITIS

DUE TO

YRS

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) RHEUMATIC HEART DISEASE

YRS.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 29, 1950, to JUNE 1, 1950, that I last saw the deceased alive on JUNE 1, 1950, and that death occurred at 3:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. F. C. 324

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

6/1/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 5, 1950

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county) (State)

Old Fred'k. Rd., Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

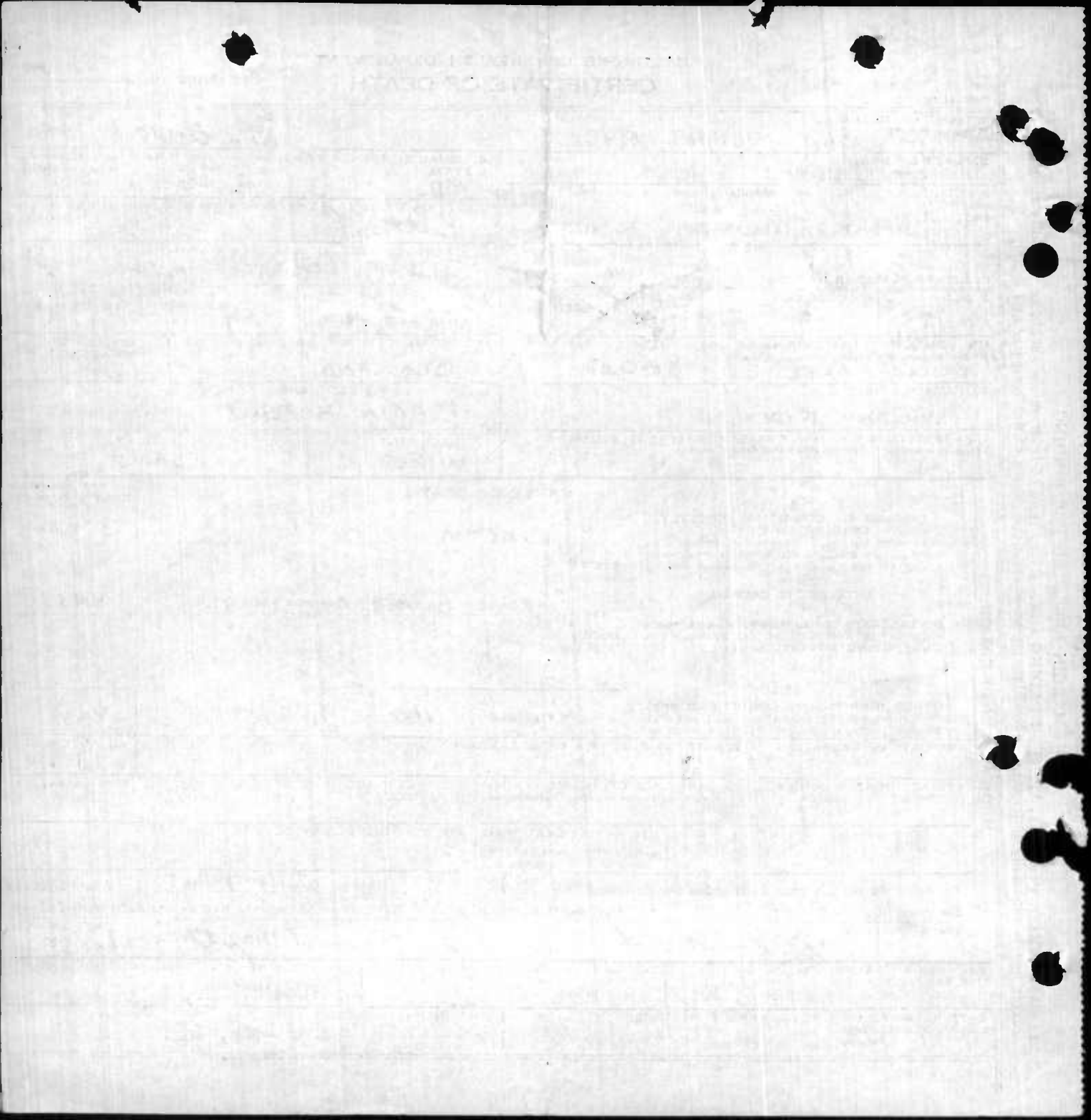
Shirington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Schimunek Funeral Home, Inc.

2601-3-5 E. Madison St.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4954
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPHINE TEJNECKY

2. DATE OF DEATH
May 30, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2426 E. Eager St.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Md. B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 7-02

c. Length of stay in Baltimore

43 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2426 E. Eager St.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Jan. 19, 1879

9. AGE (In years last birthday)

71

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Czechoslovakia

12. CITIZEN OF WHAT COUNTRY?
U.S.

13. FATHER'S NAME

Joseph Vesely

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Jos. J. Tejnecky - 2426 E. Eager St.

18. 33 / X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Nemaurosis

DUE TO

18 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Rheumatoid Arthritis

DUE TO

4 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2/9, 1946 to May 30, 1950 that I last saw the deceased alive on May 30, 1950, and that death occurred at 5 P. m., from the causes and on the date stated above.

23A. SIGNATURE

J. Karl Grossman

M. D.

23B. ADDRESS

12124. Patterson Place

23C. DATE SIGNED

5/31/50

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

June 3, 1950

24C. NAME OF CEMETERY OR CREMATORY

Oak Hill Cem.

24D. LOCATION (City, town, or county)

Horner's Lane, Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

T. Williams, M.D.

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.

ADDRESS

2601-5-5 E. Madison St.

CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

AGE AT BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

May E. Reed

2. DATE
OF
DEATH

6/1/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

807 Hollins St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 18-03

D. STREET ADDRESS (If rural, give location)

807 Hollins St.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

2/4/1887

9. AGE (In years last birthday)

63

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTH PLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John Range

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs John D. Jennings 807 Hollins St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Cardiac Dilatation

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cardio-vascular disease ?

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 15, 1950, to May 31, 1950, that I last saw the deceased alive on May 31, 1950, and that death occurred at 11:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Harry Glassman

23B. ADDRESS

753 W. Fayette

23C. DATE SIGNED

June 1, 50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/4/50

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cem.

24D. LOCATION (City, town, or county)

Ritchie Hwy.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 2 - 1950

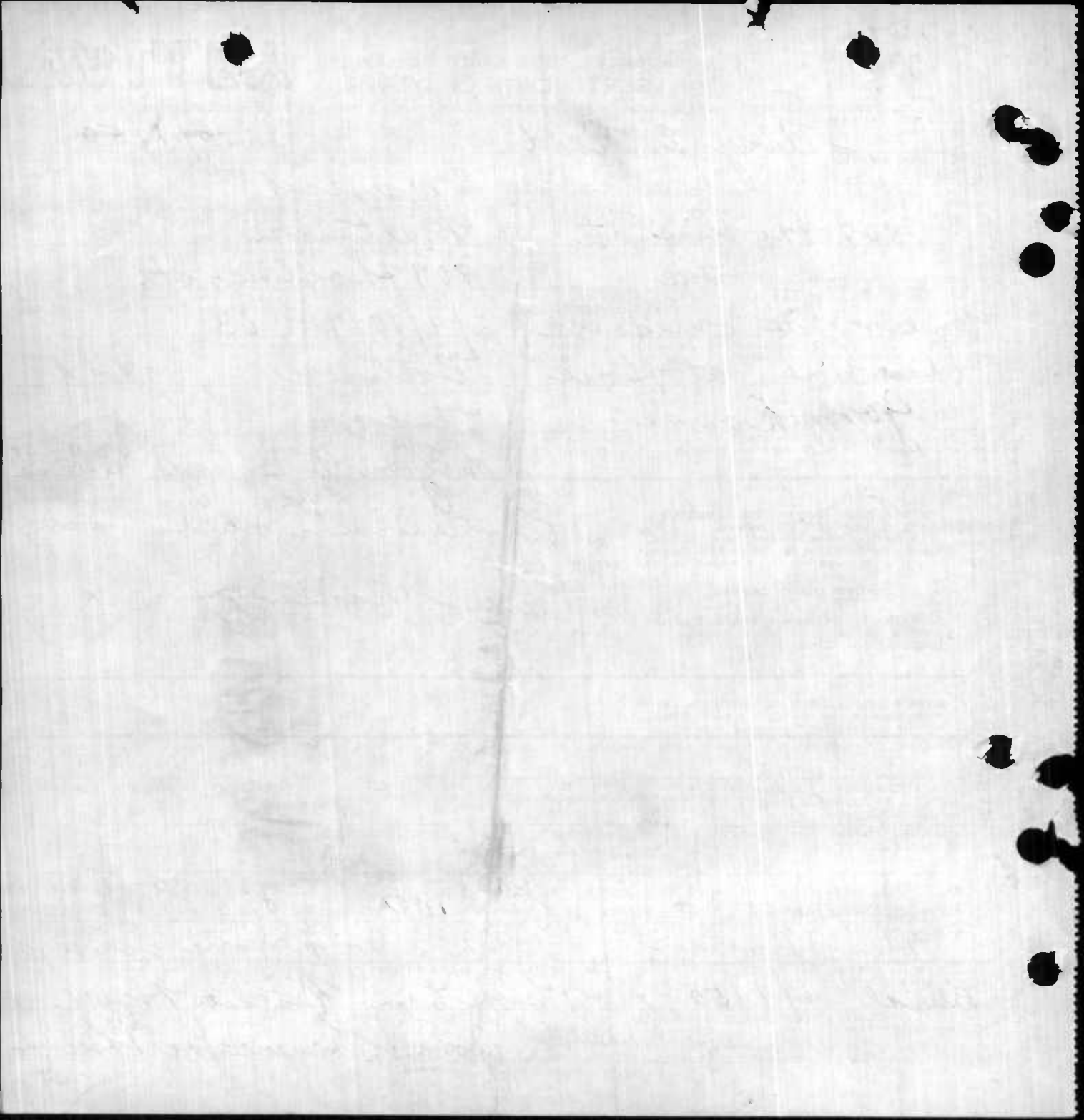
REGISTRAR'S SIGNATURE

William J. Williams, M.D.

25. FUNERAL DIRECTOR

John F. Cowan & Son 904 Hollins St.

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4956
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MAUD H. MAXWELL

2. DATE
OF
DEATH

MAY 31, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Baltimore City

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore City

D. STREET ADDRESS (If rural, give location)

515 E. 28th St. 9-04

c. Length of stay in Baltimore

78 yrs

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

12-2-1887

9. AGE (In years last birthday)

62

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWORK

10B. KIND OF BUSINESS OR INDUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

Rock Hall, Md.

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Leonard Disney

14. MOTHER'S MAIDEN NAME

Mary V. Taylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Husband
William H. Maxwell

ADDRESS

Same

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis Cardio-vascular
renal disease

(C)

INTERVAL BETWEEN ONSET AND DEATH

Sudden

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 5/1, 1950, to 5/31, 1950, that I last saw the deceased alive, on 5/30, 1950, and that death occurred at 6:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

L. L. Bloom

M. D.

23B. ADDRESS

1115 N. Calver St.

23C. DATE SIGNED

6/1/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

5/31/50

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

Baltimore City

DATE RECEIVED BY LOCAL REGISTRAR

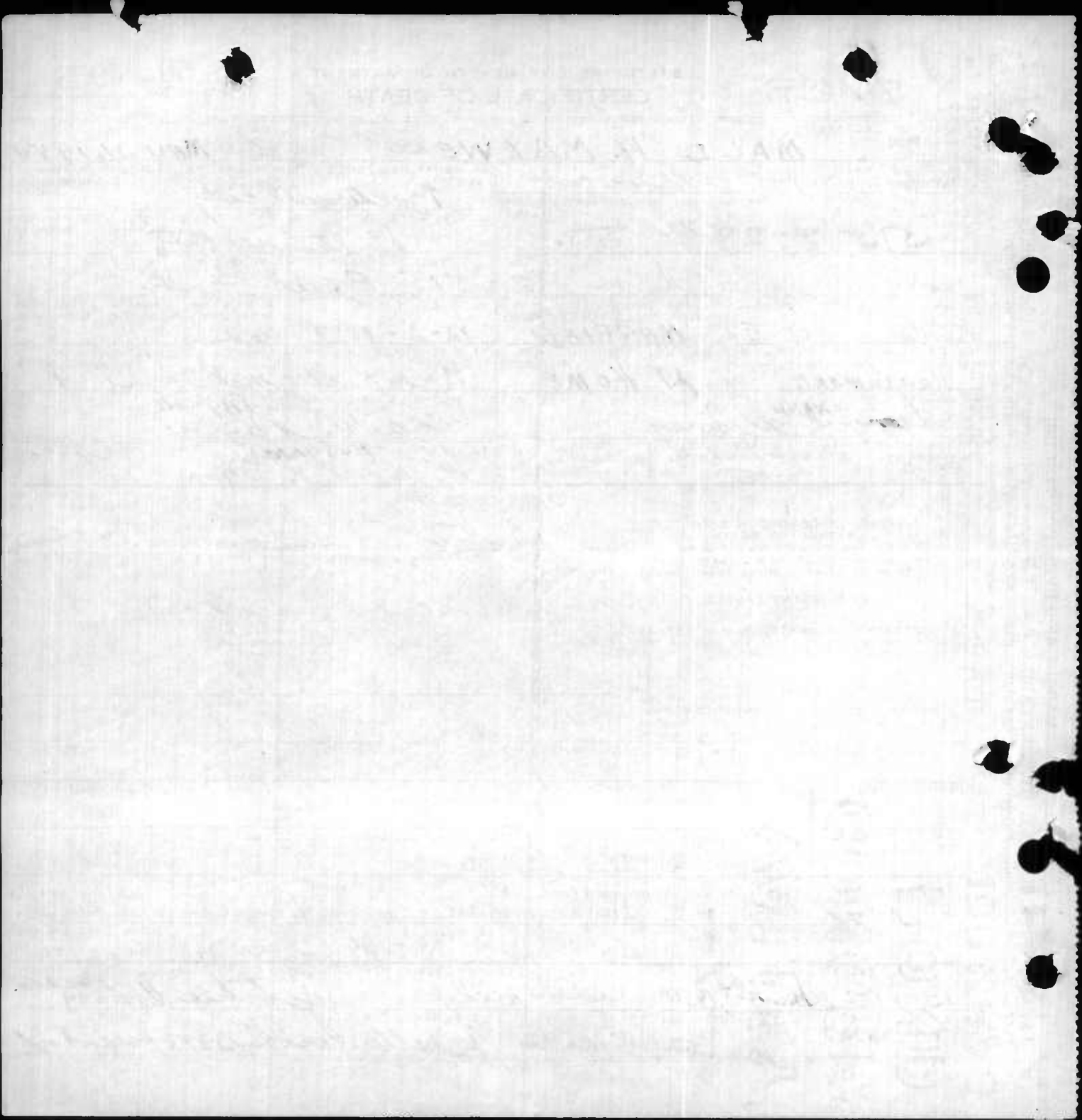
JUN 2 - 1950

REGISTRAR'S SIGNATURE

William H. Maxwell, M.D.

25. FUNERAL DIRECTOR

J. Walter Cox, 3343 Harford Rd



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4957

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William C. Krauss

2. DATE
OF
DEATH

5/31/50

3. PLACE OF DEATH:
a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
a. STATE b. COUNTY

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

d. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or not known) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

1910 ADDRESS

18. 4201

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

23b. CHIEF MEDICAL EXAMINER.....
M.D. ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23c. DATE SIGNED
5/31/50

24a. BURIAL CREMATION/REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

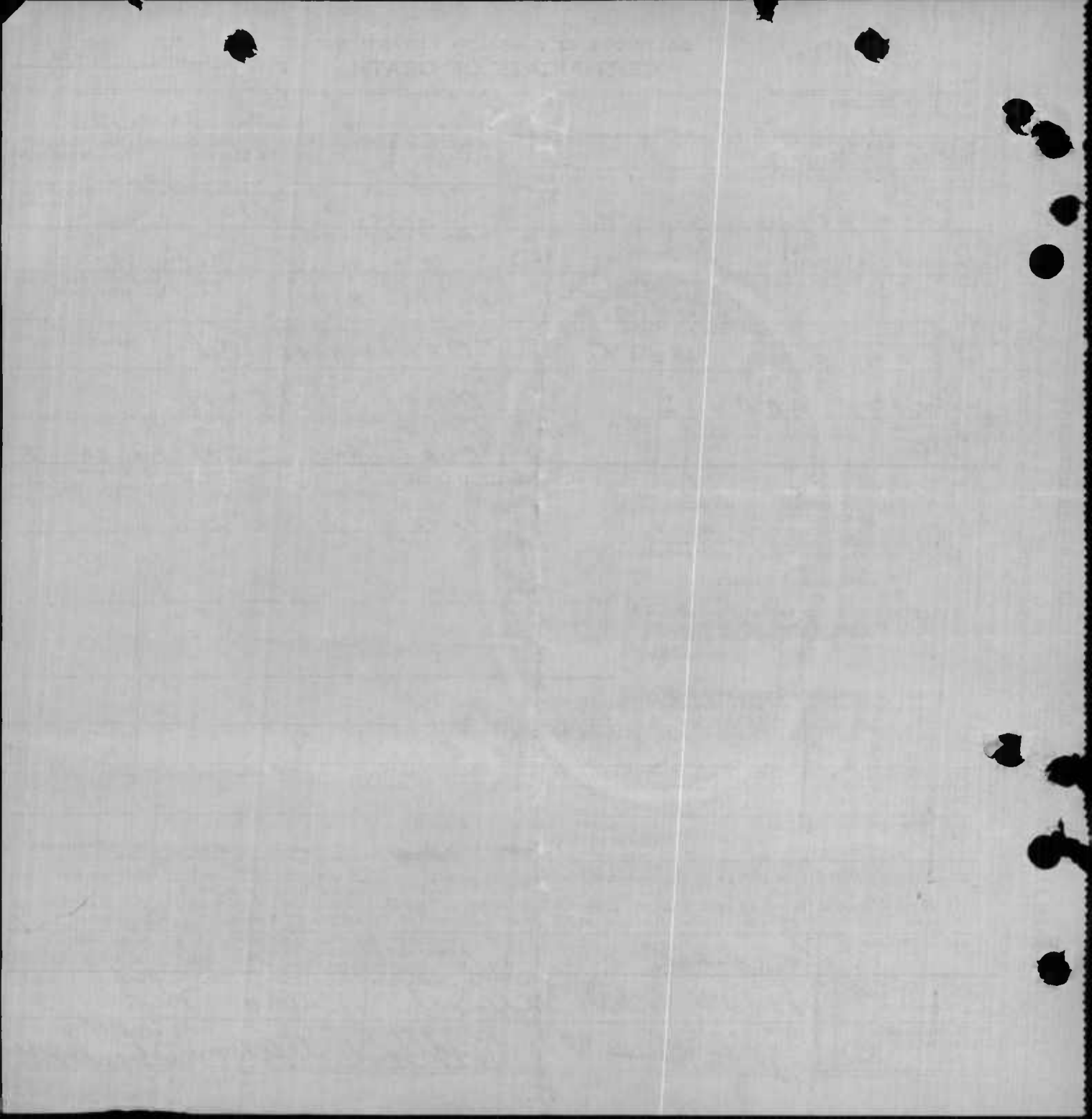
24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Elias Blair Ruhl

2. DATE
OF
DEATH

June 1, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Ohio

V-32

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Bucyrus

D. STREET ADDRESS (If rural, give location)

1000 Rogers St

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. *442X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *Uremia*

4 wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Lower nephron nephrosis*

4 wks

(C) *Second stage sympathetic for*

HCVD

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Generalized arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4/19*, 19*50*, to *6/1*, 19*50*, that I last saw the deceased alive on *6/1*, 19*50*, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Ernest C. Brown Jr.

M. D.

JOHNS HOPKINS HOSPITAL

6-1-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

June 2, 1950

Wilmington, Delaware

Henry W. Jenkins Sons Co 4905 York Rd

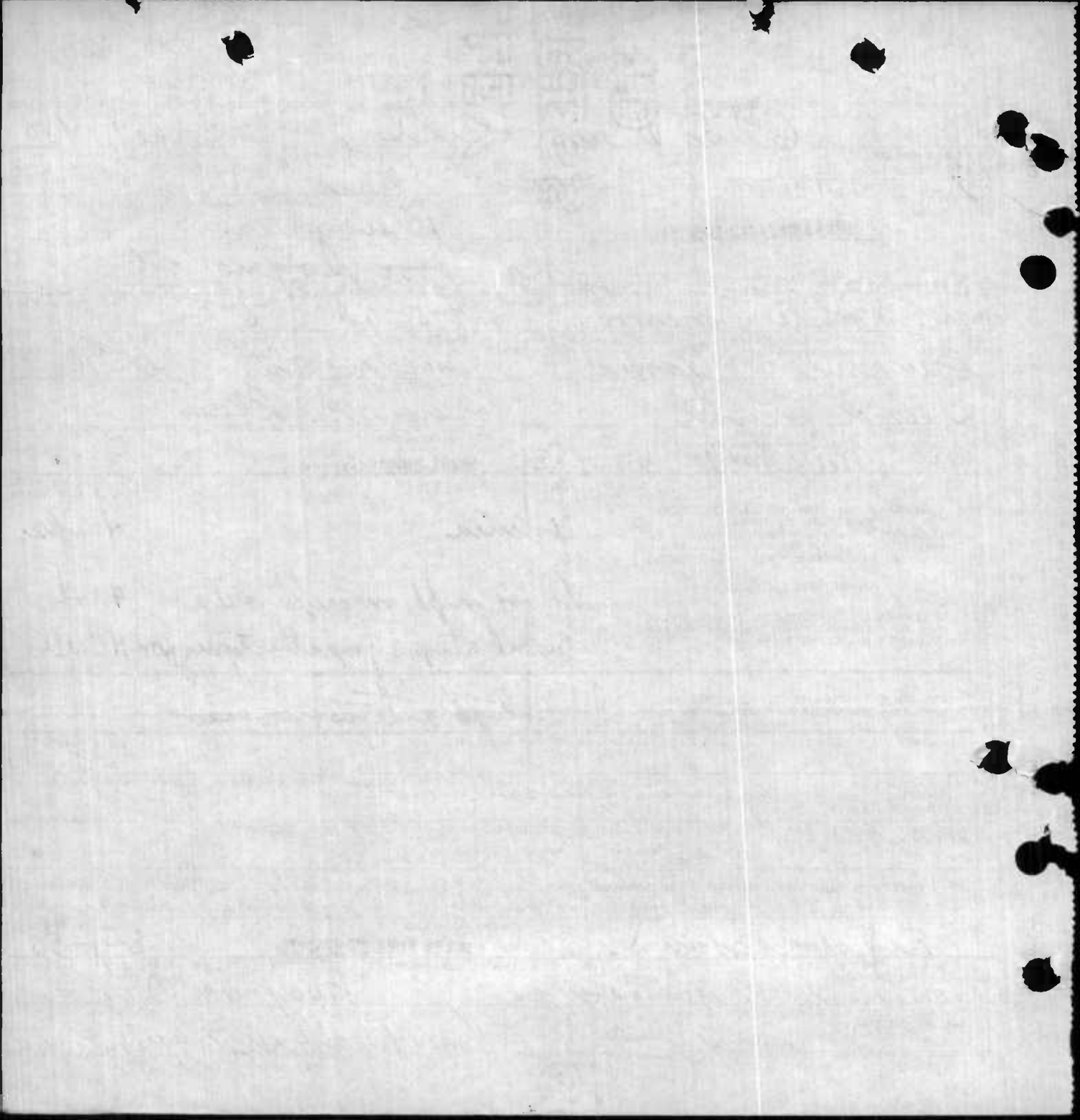
VS 150

1568V

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Julia Reidel Ay

2. DATE
OF
DEATH

June 2/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE *Florida* B. COUNTY *V-08* before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

100 Oakdale Rd

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Ocala

D. STREET ADDRESS (If rural, give location)

811 Fort King St

c. Length of stay in Baltimore

1 Mos. *Days*

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

June 15/1870

9. AGE (Years last birthday)

79

If Under 1 Year Months

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife Own Home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry Reidel

14. MOTHER'S MAIDEN NAME

Adela Lawrance

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Wm. Gurnies

ADDRESS

Same

1B.

422.1
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Broncho-pneumonia

INTERVAL BETWEEN ONSET AND DEATH

4 Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arterio-sclerosis

Years

(C)

Myocarditis

Years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING CAUSE OF DEATH ☒

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *April 29, 1950* to *June 1, 1950*, that I last saw the deceased alive on *June 1, 1950* and that death occurred at *2:30 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

William H. Jenkins

23B. ADDRESS

205. Carlton St.

23C. DATE SIGNED

6/2/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 3 1950

24C. NAME OF CEMETERY OR CREMATORY

Green Mount

24D. LOCATION (City, town, or county)

Balto. Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 2 - 1950

REGISTRAR'S SIGNATURE

William H. Jenkins

25. FUNERAL DIRECTOR

Henry H. Jenkins

ADDRESS

495 York Rd.

VS 150

931

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

Dr. W. Fort
20 E Preston

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4960
Registered No.

BIRTH NO. 50-11200

1. NAME OF DECEASED
(Type or Print)

BABY BOY KINSTEIN

2. DATE
OF
DEATH

JUNE 2, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE

UNIVERSITY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 12-02

D. STREET ADDRESS (If rural, give location)

2908 ST. PAUL

C. Length of stay in Baltimore

4

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
SINGLE

8. DATE OF BIRTH

5-29-50

9. AGE (In years last birthday)

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

0 4

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

INFANT

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

ALBERT B. KINSTEIN

14. MOTHER'S MAIDEN NAME

JANET MAZER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

NO

16. SOCIAL SECURITY NO.

FATHER

ADDRESS

2908 St. Paul, Balt.

18.

756.2

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

Tracheo-esophageal fistula

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

4 days

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Foetal Alcoholism

4 days

19A. DATE OF OPERATION

JUNE 1

19B. MAJOR FINDINGS OF OPERATION

Tracheo-esophageal fistula

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1950, to June 2, 1950, that I last saw the deceased alive on June 2, 1950, and that death occurred at 5:05 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Jerome Anshun

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

June 2, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

6/2/50

24C. NAME OF CEMETERY OR CREMATORY

London Park Bk

24D. LOCATION (City, town, or county)

Balt

DATE RECEIVED BY LOCAL REGISTRAR

JUN 2 - 1950

REGISTRAR'S SIGNATURE

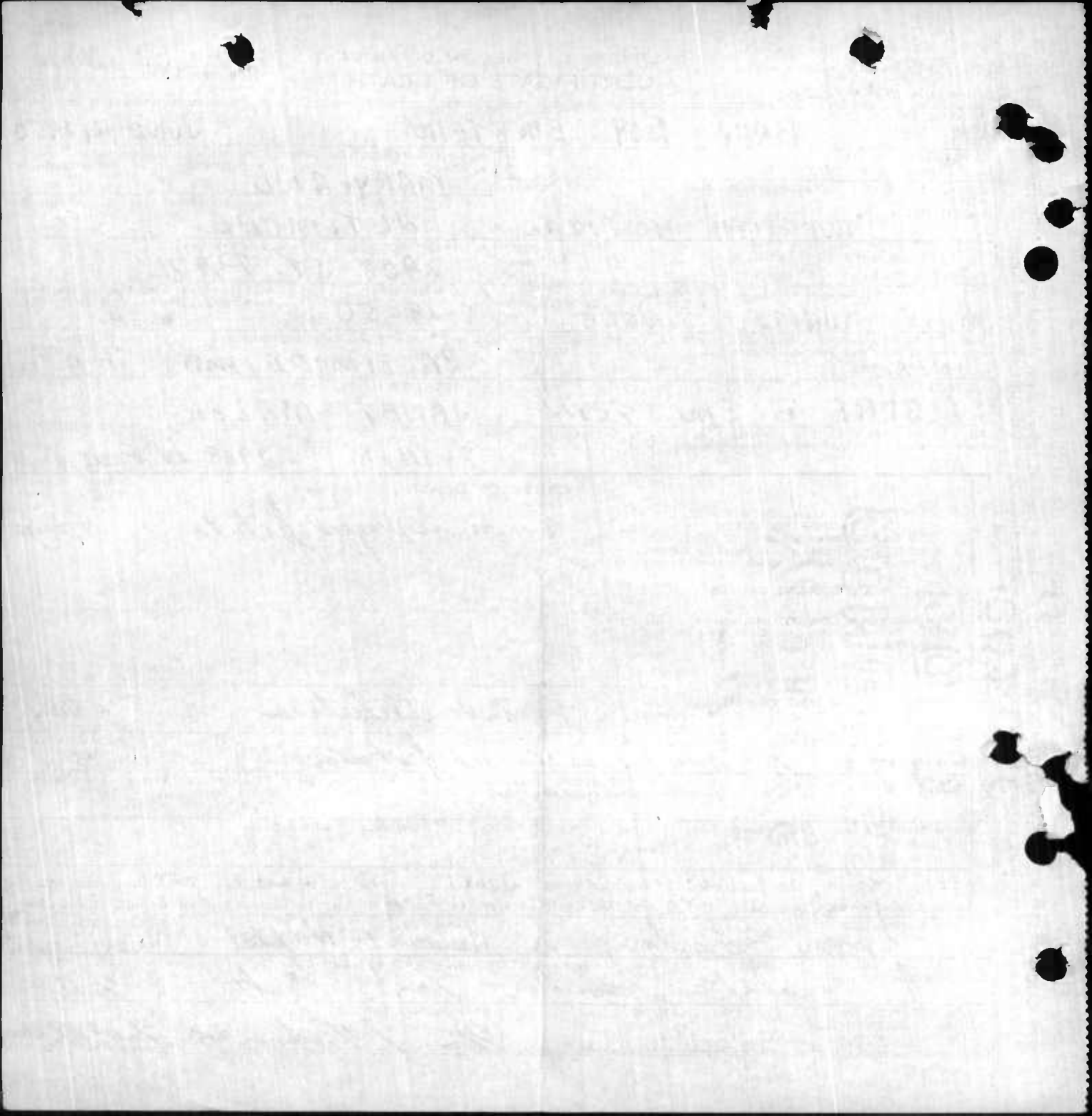
Wilmington Williams, Jr.

25. FUNERAL DIRECTOR

Mr. J. H. Harker & Son

ADDRESS

2008 St. Paul Ave



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4961
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

W M. FISHER

2. DATE
OF
DEATH

5-30-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE
Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

UNIVERSITY HOSP.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

20-01

c. Length of stay in Baltimore 10yrs

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1803 W. Lexington St.

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1/6/1923

9. AGE (In years
last birthday)

27

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Steel Worker

10B. KIND OF BUSINESS OR
INDUSTRY

Bethlehem Steel

11. BIRTHPLACE (State or foreign country)

Wierton, W. Va

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

William Fisher

14. MOTHER'S MAIDEN NAME

Helen Nenson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

213-14-5086

17. INFORMANT

ADDRESS

Helen Fisher (Mother) 1803 W. Lexin

18. 010X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

MULTIPLE CEREBRAL ABSCESES

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

LAT. SINUS THROMBOSIS

Tbc.

(C)

MASTOIDITIS < STAPH. AUREUS

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELAT-
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

as above

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1-1950, to 5-30-1950, that I last saw the
deceased alive on 5-30, 1950, and that death occurred at 11:34 a.m., from the causes and on the date stated above.

23A. SIGNATURE

W. M. Fisher

23B. ADDRESS

univ. Hosp.

23C. DATE SIGNED

5-30-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/3/50

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem'l. Pk.

24D. LOCATION (City, town, or county)

Balto. County, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

Charles H. Harper 512 E. Carrollton av.

Staph. aureus

a species forming golden yellow culture
found on the skin & mucous membranes
& causing boils, carbuncles, abscesses,
& other suppurative inflammations

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4962
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUISA D. BLANKENSHIP

2. DATE
OF
DEATH

6/1/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland 605 Jeffery St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

25-04

D. STREET ADDRESS (If rural, give location)

605 Jeffery St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

12/21/1868

9. AGE (In years
last birthday)

81

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles A. Klages

14. MOTHER'S MAIDEN NAME

Eleanore Meyers

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Jan - 10, 1944, to April 1, 1950, that I last saw the
deceased alive on April 1, 1950, and that death occurred at 60 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

B

24B. DATE

6/3/50

24C. NAME OF CEMETERY OR CREMATORY

Western Cem.

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 2 - 1950

Ruthington Williams, M.D.

James L. Casey - 130 E. Fort Ave.

Dr Paul Leber

320 Palafres Ave

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4963

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RUBY POLLARINE

2. DATE
OF
DEATH

5/31/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland 27 North Carey Street

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Good Samaritan Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 18-02

D. STREET ADDRESS (If rural, give location)

27 North Carey Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

?/?/1880

9. AGE (In years
last birthday)

69

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Mass.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - 1823 East 30th. Street

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Carcinoma of stomach
DUE TO (inoperable)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHApril
1949.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Chronic asthmatic bronchitis - -
Arterio sclerotic heart disease,

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/23/48, 19, to 5/31/50, 19, that I last saw the
deceased alive on 5/30/50 19, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Harry Deibel M.D.

23B. ADDRESS

1226 Hanover St.

23C. DATE SIGNED

6/2/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

B

24B. DATE

6/3/50

24C. NAME OF CEMETERY OR CREMATORY

Mount Carmel

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

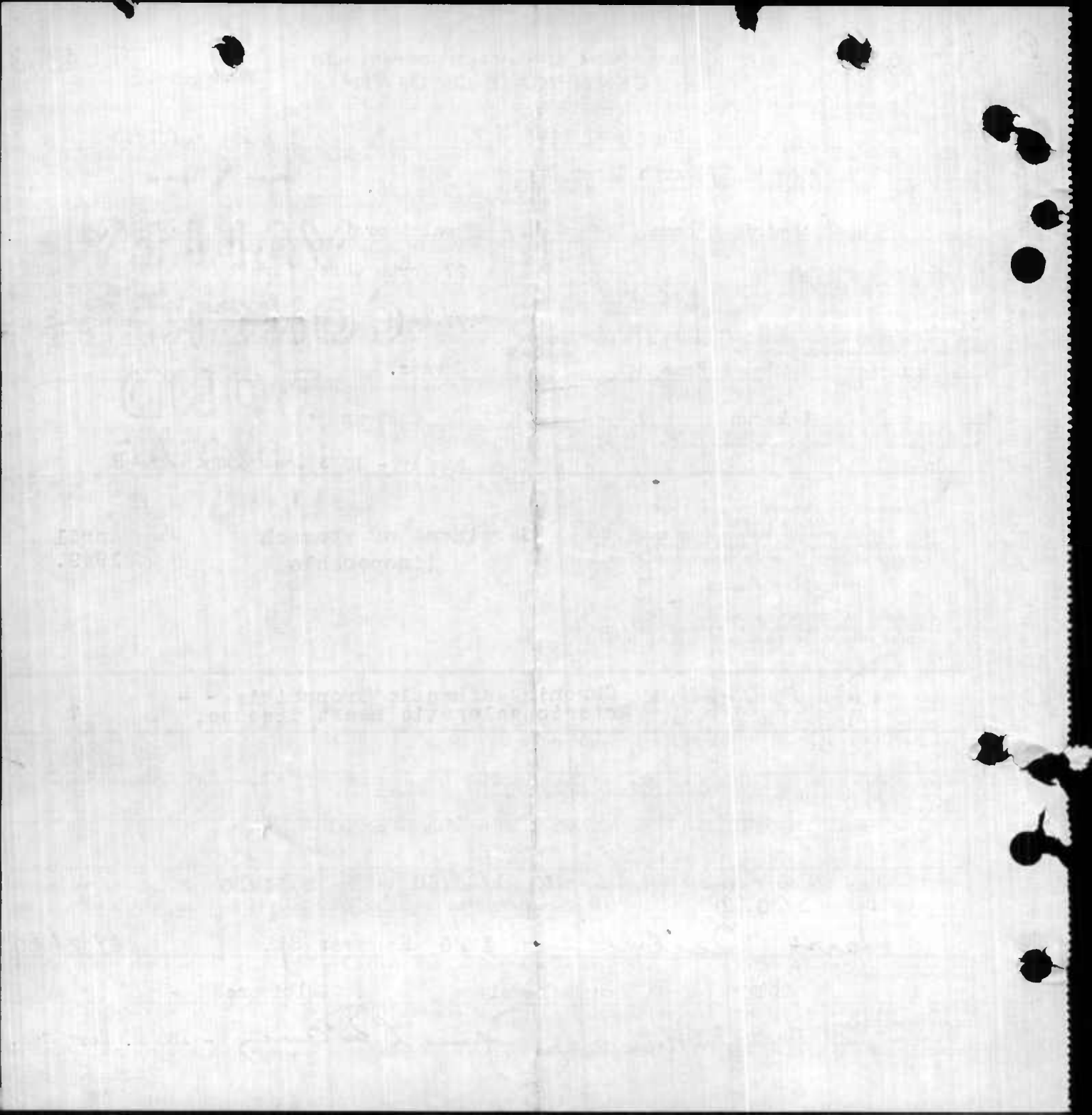
ADDRESS

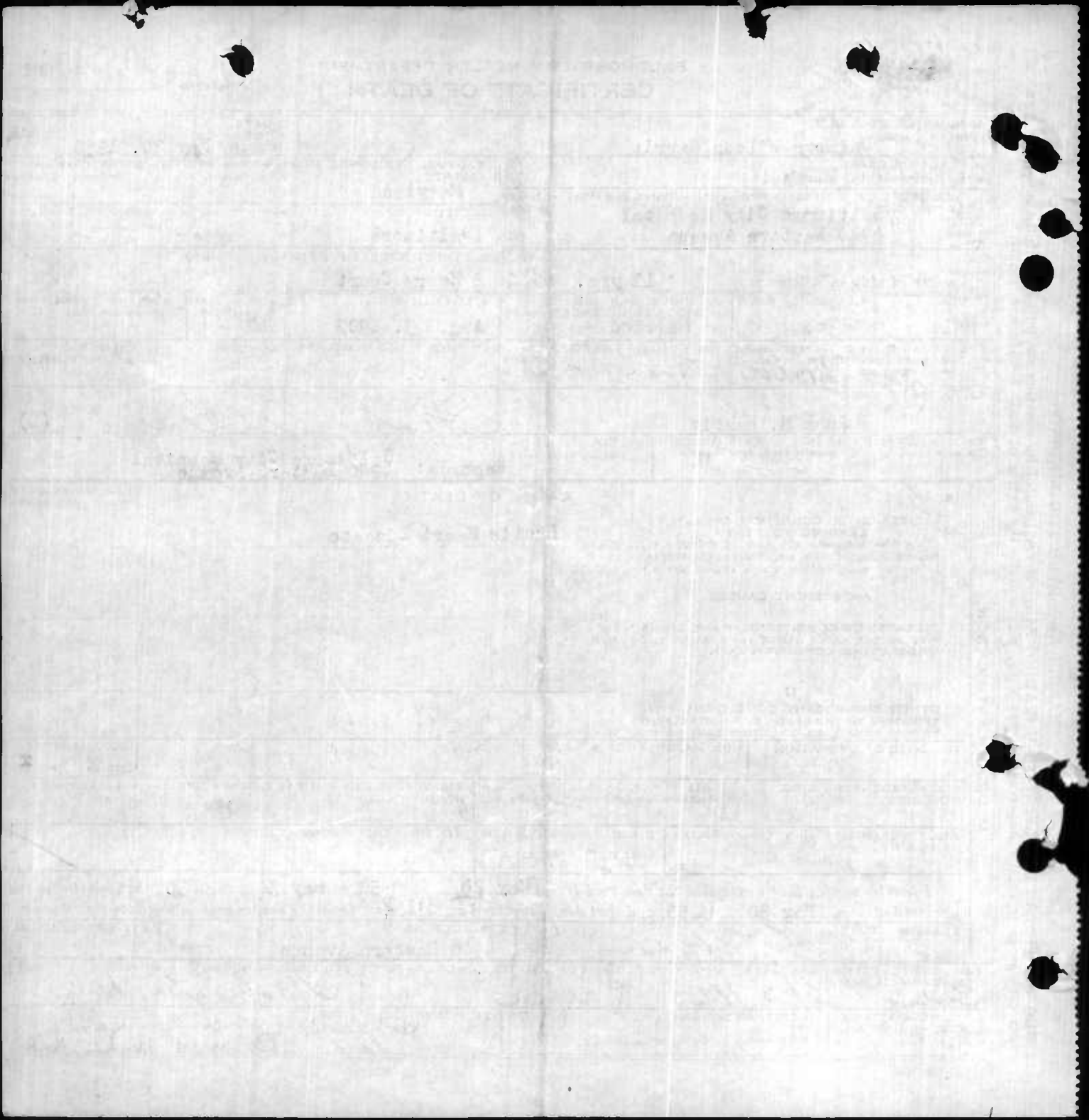
JUN 2 - 1950

Huntington Williams, Jr.

James L. Deibel

- 130 E. Fort Ave.





BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4965
Registered No.

BIRTH NO. 50-01593

1. NAME OF DECEASED
(Type or Print)

Baby Katherine P. Shields

2. DATE
OF
DEATH

6-1-50.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Bon Secours Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

Lutherville Baltimore

C. CITY OR TOWN

Balto

(If outside corporate limits, write RURAL and give township)

5300

D. STREET ADDRESS (If rural, give location)

812 Morris Ave. Lutherville, Md.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

1-23-50

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days

4

11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

child

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Mr. Donald Shields

14. MOTHER'S MAIDEN NAME

Margery L. Meagher

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Donald Shields - 812 Morris Ave.

18.

751X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Hydrocephalus

DUE TO

(B)

Spina bifida.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1-, 1950, to 6-1-, 1950, that I last saw the
deceased alive on 6-1-, 1950, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

C. J. Carlettano

M. D.

23B. ADDRESS

Bon Secours Hosp.

23C. DATE SIGNED

6.1.50.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/1/50

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

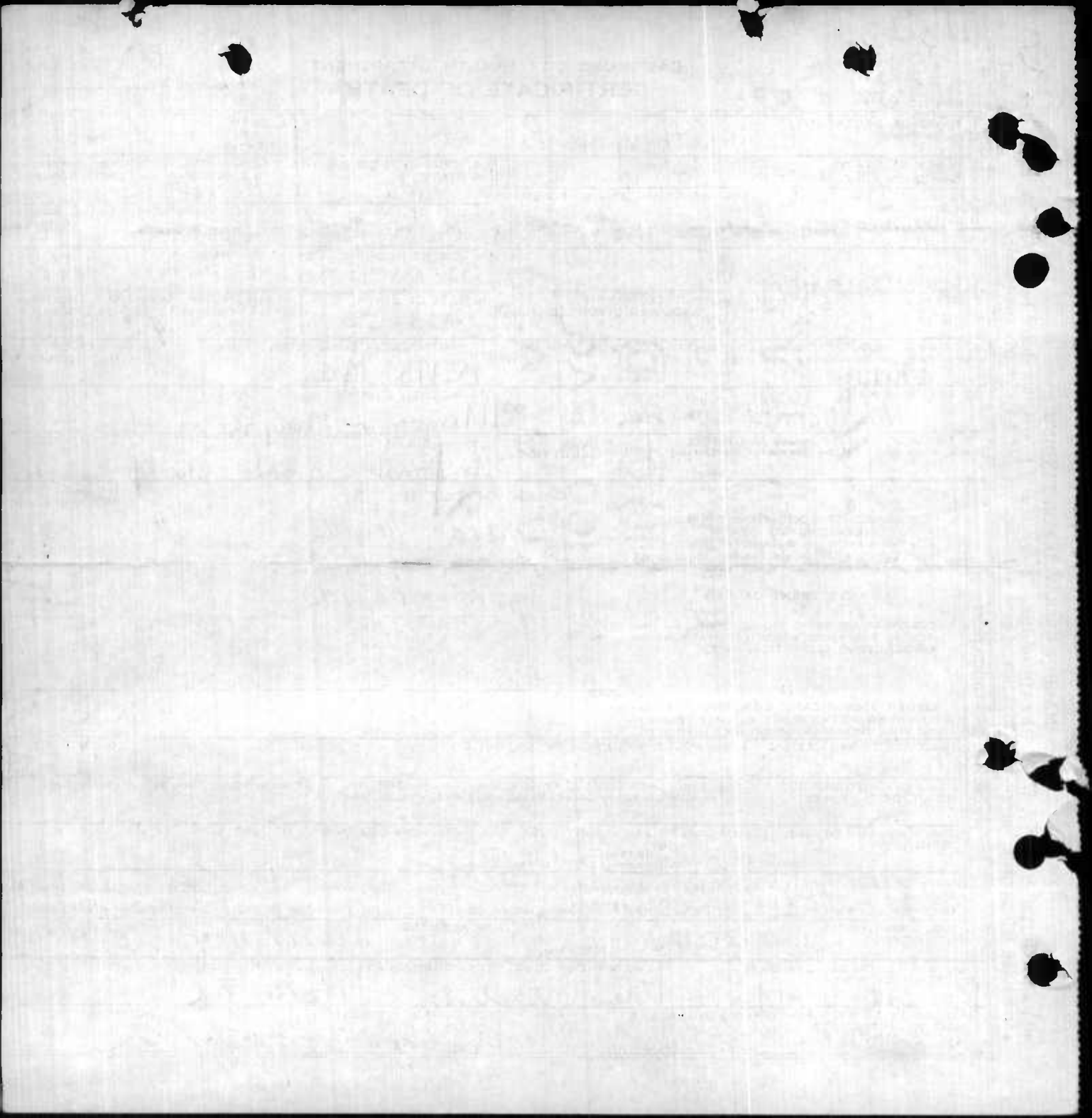
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

L. J. Luck - 5305 Hagford Rd

ADDRESS

JUN 2 - 1950



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4986
Registered No.

610
50 4986
BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN T. HARVEY			2. DATE OF DEATH May 31, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 8-06		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1750 Chester St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1750 Chester St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 17, 1884		9. AGE (in years last birthday) 65
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ship Carpenter		10B. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel Co		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Joseph Harvey			12. CITIZEN OF WHAT COUNTRY? Maryland		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			14. MOTHER'S MAIDEN NAME Mary (Unknown)		
16. SOCIAL SECURITY NO. 218-10-1881			17. INFORMANT ADDRESS Mrs Anna Harvey, 1750 N. Chester St.		

18. 592x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage (A) Cerebral Hemorrhage DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Chronic Nephritis, chronic Arthritis DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

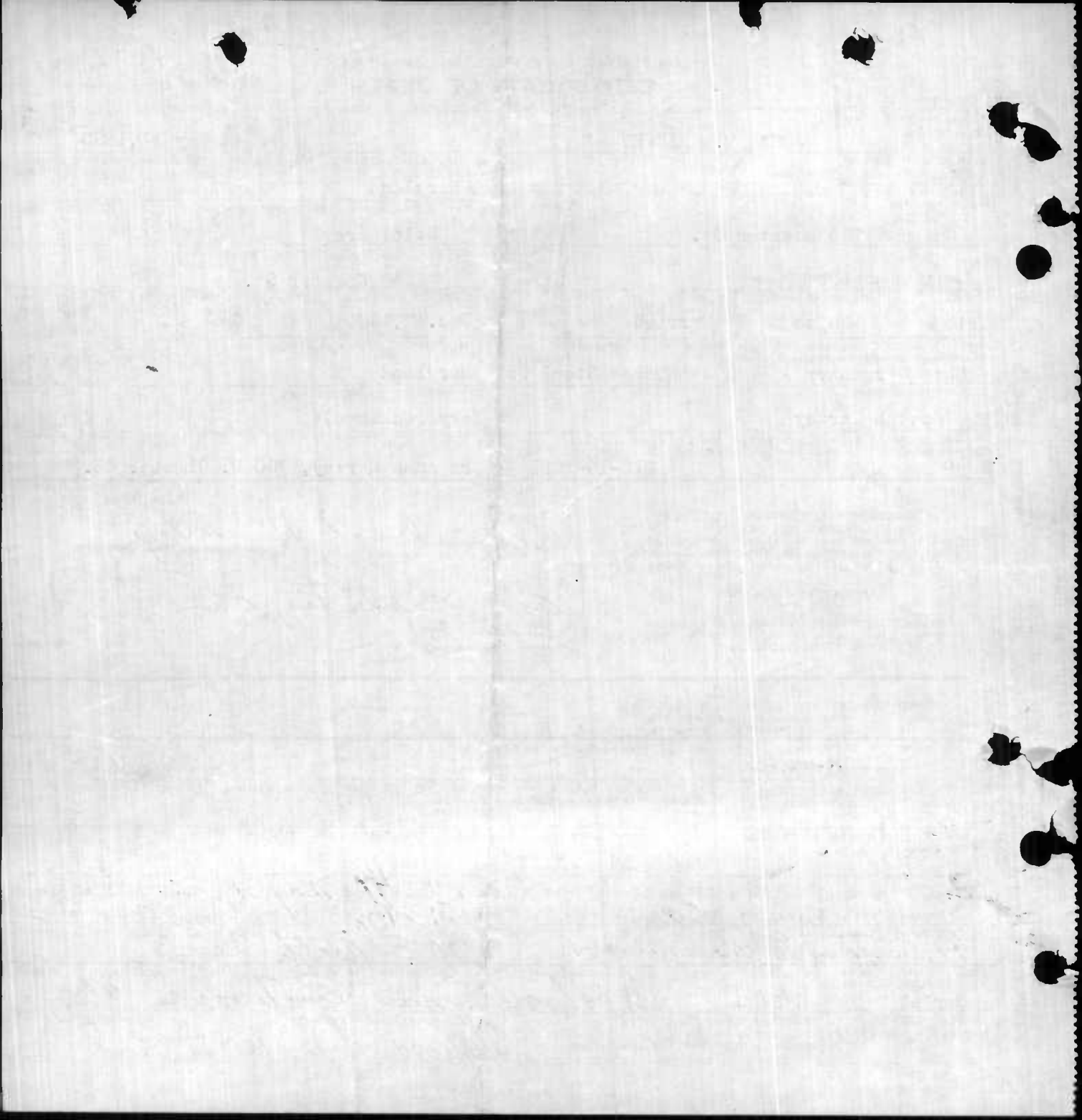
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Dec 4, 1949** to **May 31, 1950**, that I last saw the deceased alive on **May 31, 1950** and that death occurred at **5:30 PM** from the causes and on the date stated above.

23A. SIGNATURE **D. Arthur C. Mannings** M. D. 23B. ADDRESS **800 E North Ave** 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **6/3/50** 24C. NAME OF CEMETERY OR CREMATORY **St. Thomas** 24D. LOCATION (City, town, or county) (State) **Baltimore Md**

DATE RECEIVED BY **JUN 2 1950** REGISTRAR'S SIGNATURE **Wm. C. Williams, M.D.** 25. FUNERAL DIRECTOR **William C. Williams** ADDRESS **1217 St Paul St**



CERTIFICATE CORRECTED

6-9-50

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 50 4967

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MRS. MARY E. KANE

2. DATE
OF
DEATH

6-1-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

ST. Agnes Hospital

C. Length of stay in Baltimore

Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits write RURAL and give township)

Baltimore 16-08

D. STREET ADDRESS (If rural, give location)

639. Wildwood Parkway

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH (In years last birthday)

4-18-88 4-18-88 (83) 80

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

David Condon

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Rita Kane

(ADDRESS)

(Same)

18. 332X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized arteriosclerosis

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

2-3 days

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Bronchopneumonia, rt. lower lobe

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/29, 1950, to 6/1, 1950, that I last saw the deceased alive on 6/1, 1950, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert F. Quirk

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

6/1/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/3/50

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county) (State)

4300 Old Fredk. Rd. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 2 - 1950

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

Harry N. Wright

ADDRESS

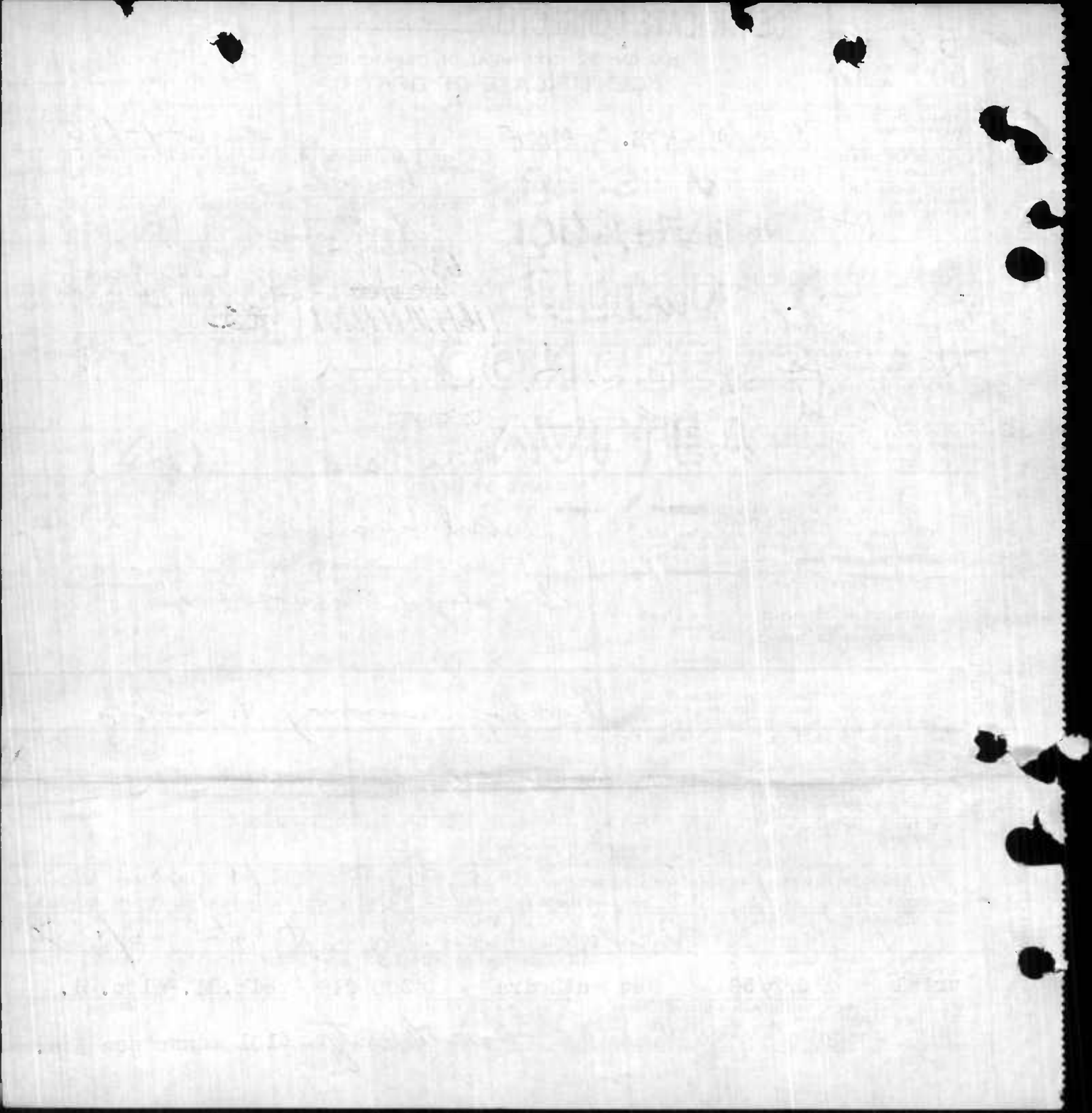
4101 Edmondson Ave.

VS 150

8312

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4968
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frank B. Latshaw

2. DATE
OF
DEATH

June 1/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

206 E. Gittings Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Columbus

D. STREET ADDRESS (If rural, give location)

101 Moler St.

c. Length of stay in Baltimore

10 days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 9, 1860

9. AGE (In years,

last birthday)

90

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pittsburgh, Pa.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Benjamin Latshaw

14. MOTHER'S MAIDEN NAME

Margaret Ann

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Dr. Harry F. Latshaw, 206 E. Gittings

18.

332 X 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Thrombosis

7 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

General arteriosclerosis

20 yrs

DUE TO

II

(C)

Senility

20 yrs

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT

NOT WHILE

M.

WORK

AT WORK

22. I hereby certify that I attended the deceased from Oct 1st, 1936 to June 1st, 1950 that I last saw the
deceased alive on May 31, 1950 and that death occurred at 5 - 6 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 2 - 1950

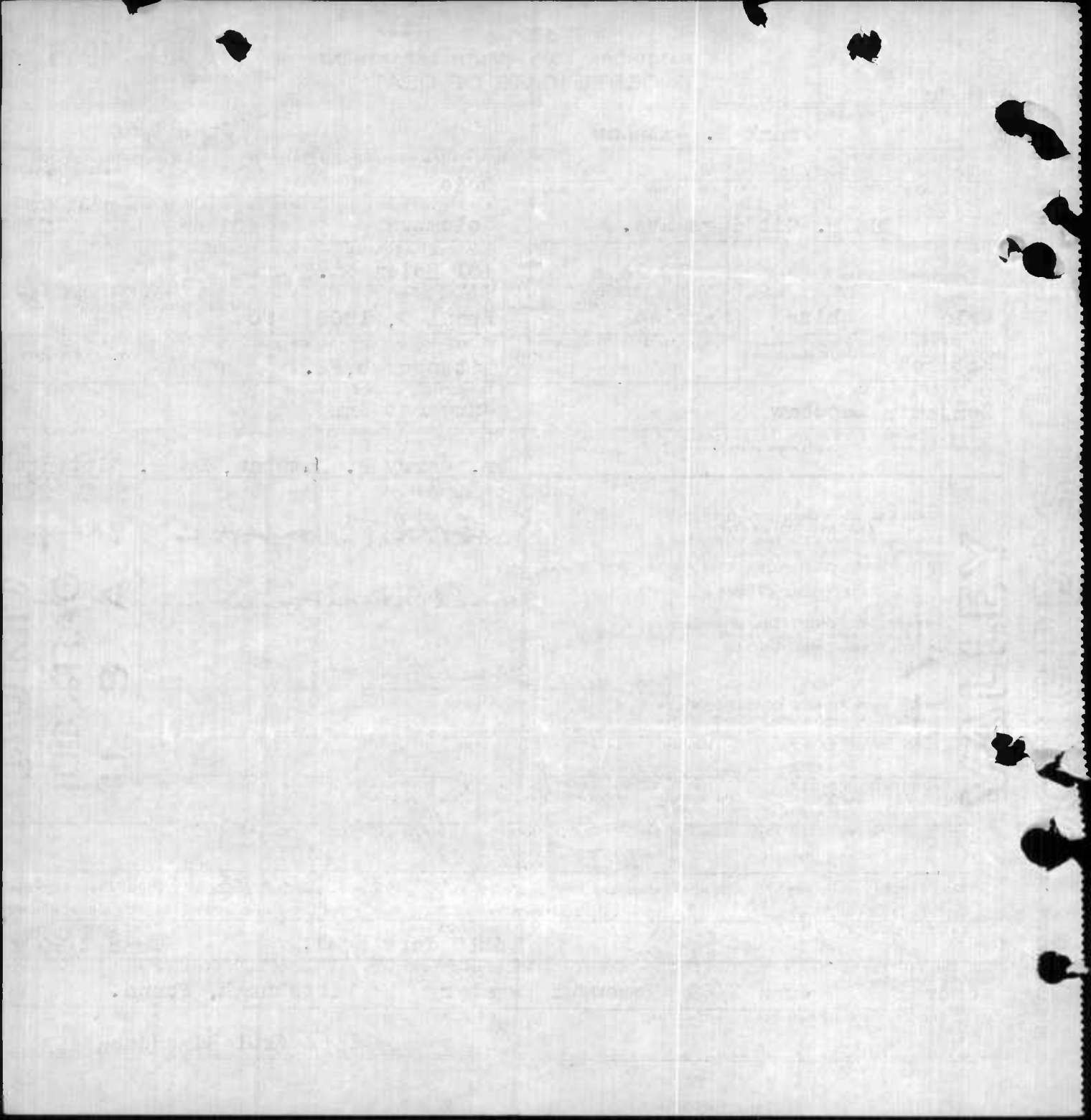
Harry A. Latshaw 4101 Edmondson AVE

VS 150

83B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAIN, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **50 4969**

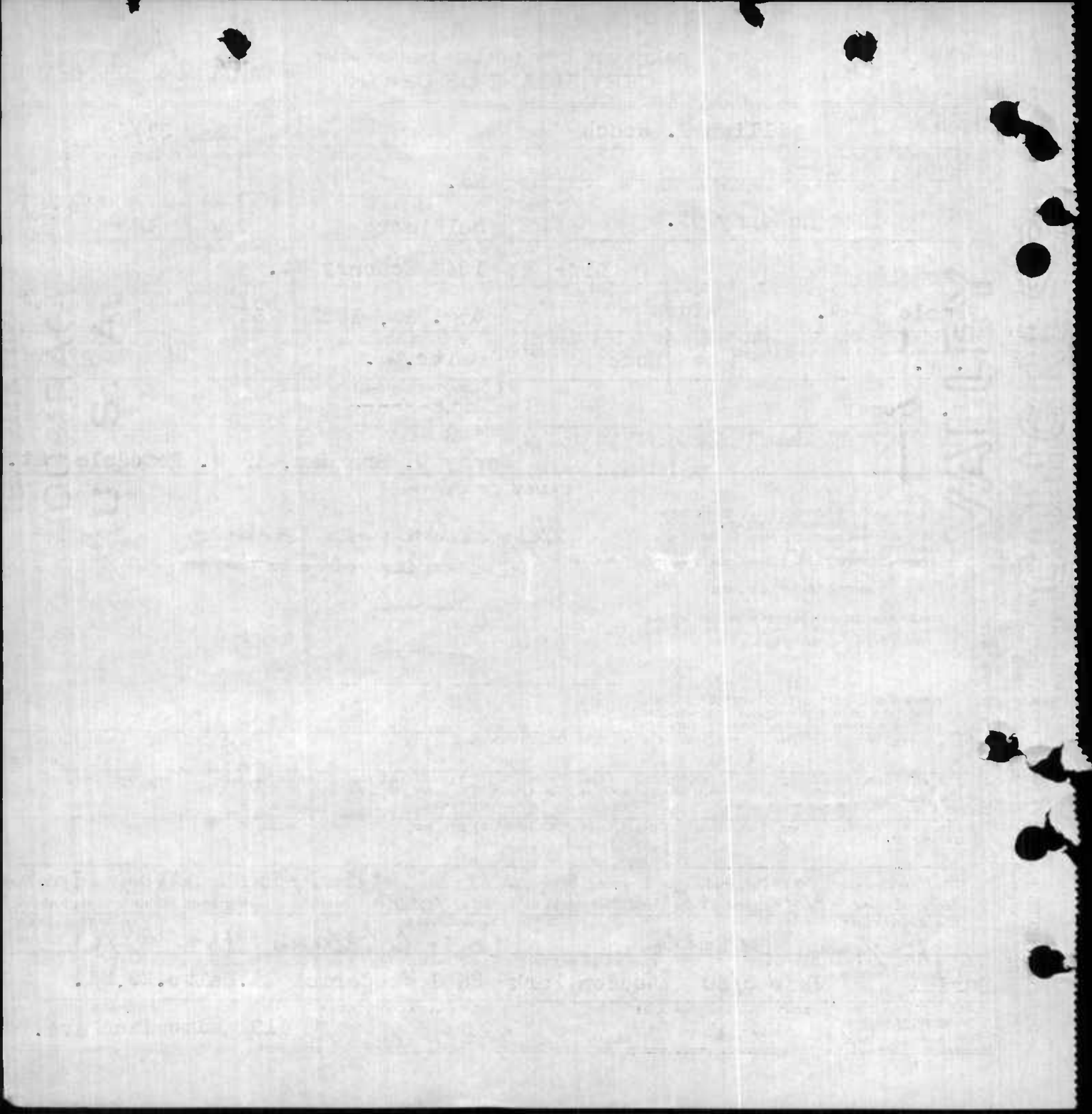
R-200
BIRTH NO. **50 4969**

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given fully and correctly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print) Lillian P. Roach		2. DATE OF DEATH May 31/50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1844 McHenry St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1844 McHenry St.	
5. SEX Female	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH Aug. 19, 1883
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. W.		10B. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (In years: last birthday) 66 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Wm. Kroney		14. MOTHER'S MAIDEN NAME Anna-----	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT ADDRESS Harry W. Brandau, 19 S. Rosedale St.			
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Hypertensive cardio vascular disease DUE TO (B) ----- DUE TO (C) -----		INTERVAL BETWEEN ONSET AND DEATH 24 hr	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/1 , 19 48 to 5/31 , 19 50 that I last saw the deceased alive on 5/31 , 19 50 , and that death occurred at 10:45 a.m., from the causes and on the date stated above.			
23A. SIGNATURE Benjamin Wille		23B. ADDRESS M. D. 2030 Wilkens Ave	
23C. DATE SIGNED 6/2/50			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 3/50	24C. NAME OF CEMETERY OR CREMATORY Loudon Park	24D. LOCATION (City, town, or county) (State) 3801 Frederick Rd. Balto. 29, Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 2 - 1950	REGISTRAR'S SIGNATURE Wilmington Williams, M.D.	25. FUNERAL DIRECTOR Harry H. Witzke	ADDRESS 4101 Edmondson Ave.

93D



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4970
Registered No.

652
50 4970
BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ARTERIO SCLEROTIC CARDIO -
DUE TO VASCULAR DISEASE &
CONGESTIVE FAILURE
(B) HYPERTHYROIDISM
DUE TO
(C) CHRONIC CHOLECYSTITIS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from 5/17, 1950 to 6/2, 1950 that I last saw the
deceased alive on 6/2, 1950, and that death occurred at 10:50 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

See Document File 50-4970

6. 26. 50

80

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4971

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

FRANK

KOLAR

2. DATE
OF
DEATH

May 31, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Balto*

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE **Maryland**

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

7-03

D. STREET ADDRESS (If rural, give location)

911 N. Collington Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

NOV. 24, 1873

9. AGE (In years last birthday)

76

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

TAILOR - RETIRED 16 YEARS

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BOHEMIA

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

FRANK KOLAR

14. MOTHER'S MAIDEN NAME

ANNE VANECEK

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

ANTONIE KOLAR 911 N. COLLINGTON AVE

18

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Arteriosclerotic cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

A. A. Mc Clafferty

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

5-31-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

JUNE 3, 1950

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER

24D. LOCATION (City, town, or county) (State)

BALTIMORE MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Frank C. Vach

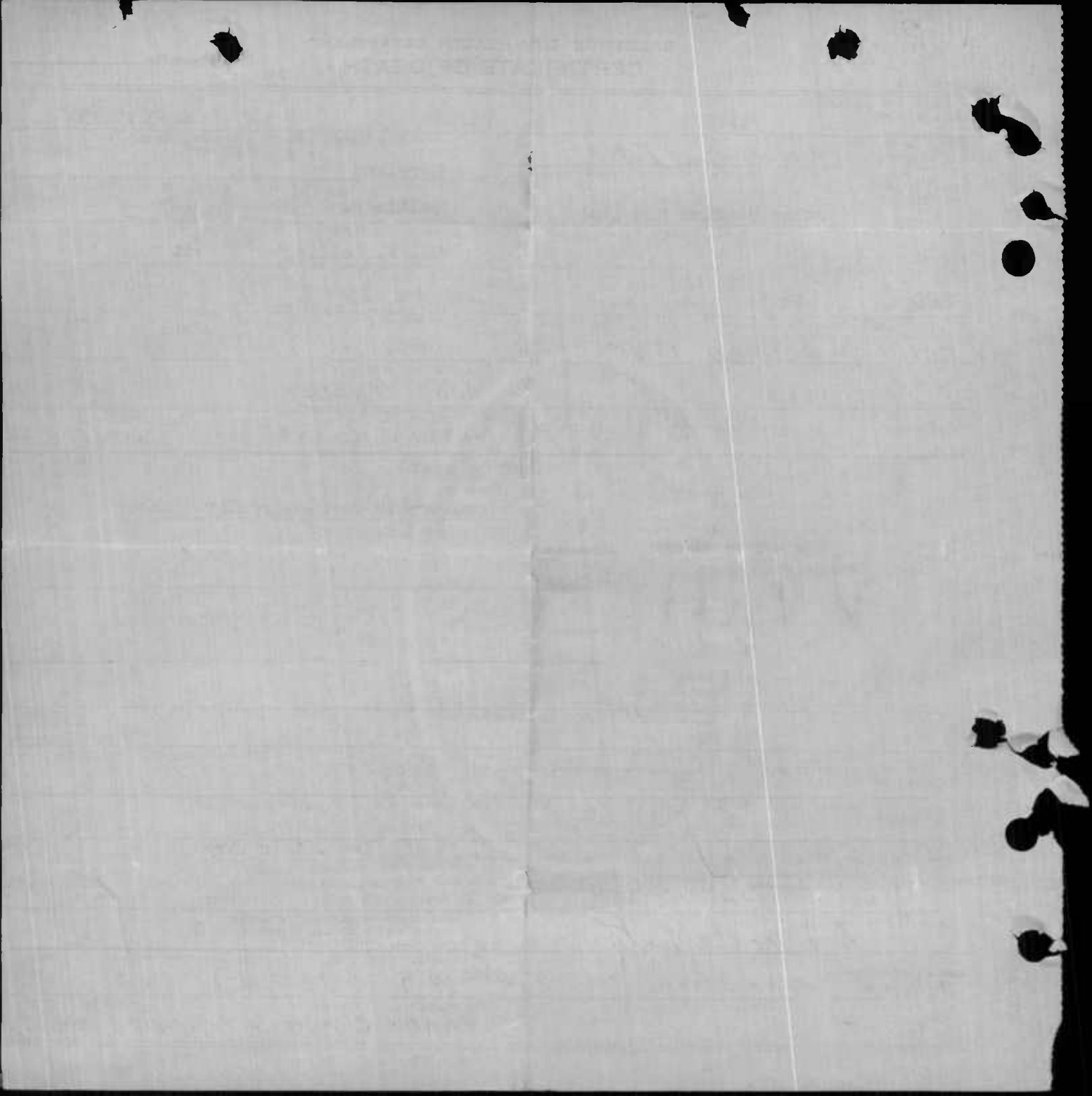
25. FUNERAL DIRECTOR

ADDRESS

FRANK CVACH & SON 900 N. CHESTER ST.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4972

BIRTH NO. 50 4972

1. NAME OF DECEASED (Type or Print) RUSSELL HOWARD THOMAS			2. DATE OF DEATH June 1, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Harbor—Ft. of Williams Street			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. 00 Mos. 00 Days 00			D. STREET ADDRESS (If rural, give location) 117 W. Barre Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 38	9. AGE (in years last birthday) 38	10. Under 1 Year Months: 00 Days: 00
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER			10B. KIND OF BUSINESS OR INDUSTRY SHIP REPAIRS		
11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. **E919.81**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) **Drowning**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Harbor

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Found floating at ft. of Williams St.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

June 1, 1950 (found) ?P.m.21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Found drowned**24/4**

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.

23A. SIGNATURE

Stanley H. Deane

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒

25C. DATE SIGNED

6-2-50

24A. BURNAL, CREMATION, REMOVAL (Specify)

24B. DATE

6-4-50

24C. NAME OF CEMETERY OR CREMATORY

Parson

24D. LOCATION (City, town, or county)

Parson, W. Va

(State)

DATE RECEIVED BY LOCAL REGISTRAR

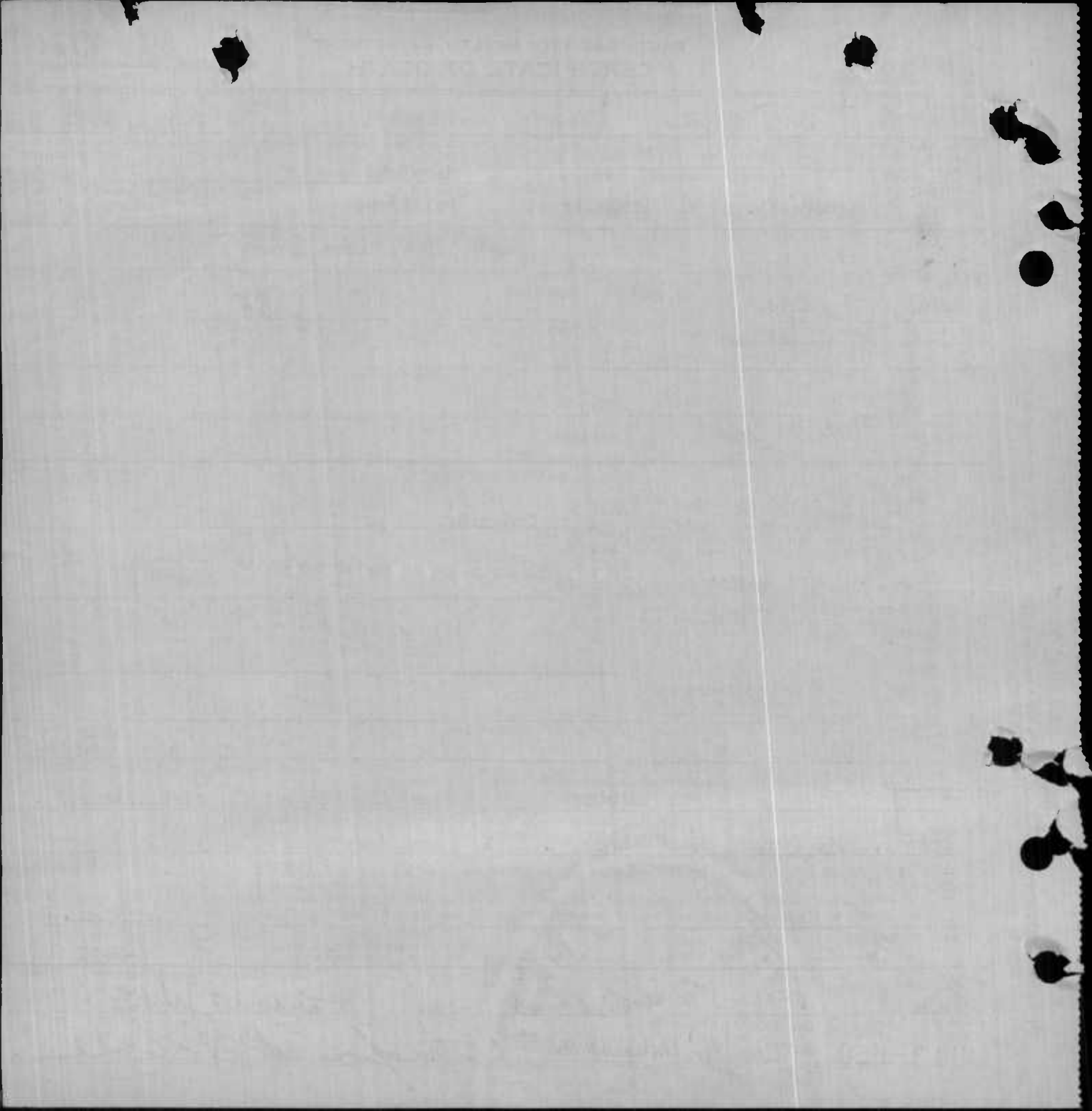
REGISTRAR'S SIGNATURE

Wilmington Williams, Md

25. FUNERAL DIRECTOR

ADDRESS

Fredrick A. Cole



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4973
Registered No.

455
50 4973
BIRTH NO.

1. NAME OF DECEASED
(Type or Print) **SAM KALLMAN**

2. DATE OF DEATH
May 31, 1950

3. PLACE OF DEATH:
A. **Baltimore City, Maryland**

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE **New York** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
**US Marine Hospital
Wyman Park Drive & 31st Street**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Brooklyn

D. STREET ADDRESS (If rural, give location)
1575 Nostrand Avenue

c. Length of stay in Baltimore **?** Yrs. Mos. Days

5. SEX
M

6. COLOR OR RACE
W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
11/28/89

9. AGE (In years last birthday)
60

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Chief steward

10B. KIND OF BUSINESS OR INDUSTRY
Seafarer

11. BIRTHPLACE (State or foreign country)
Latvia

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME
Isadore Kallman

14. MOTHER'S MAIDEN NAME
Rose ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
?

16. SOCIAL SECURITY NO.
091-14-3958

17. INFORMANT ADDRESS
Records- US Marine Hospital, Balto, Md.

18. **197X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) **Retroperitoneal liposarcoma with extensive necrosis and perforation of ascending colon.**

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

DUE TO

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Mar. 18, 1950**, to **May 31, 1950** that I last saw the deceased alive on **May 31, 1950** and that death occurred at **11:50P** m., from the causes and on the date stated above.

23A. SIGNATURE
John L. Wilson, Medical Director

23B. ADDRESS
US Marine Hospital, Balto, Md.

23C. DATE SIGNED
6/2/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

73251 5118 Surgeon Oak Ave. 46H

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

JAN 11 1930

NEW YORK

DECEASED

JOHN J. DECEASED

BO

501-11

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E-530

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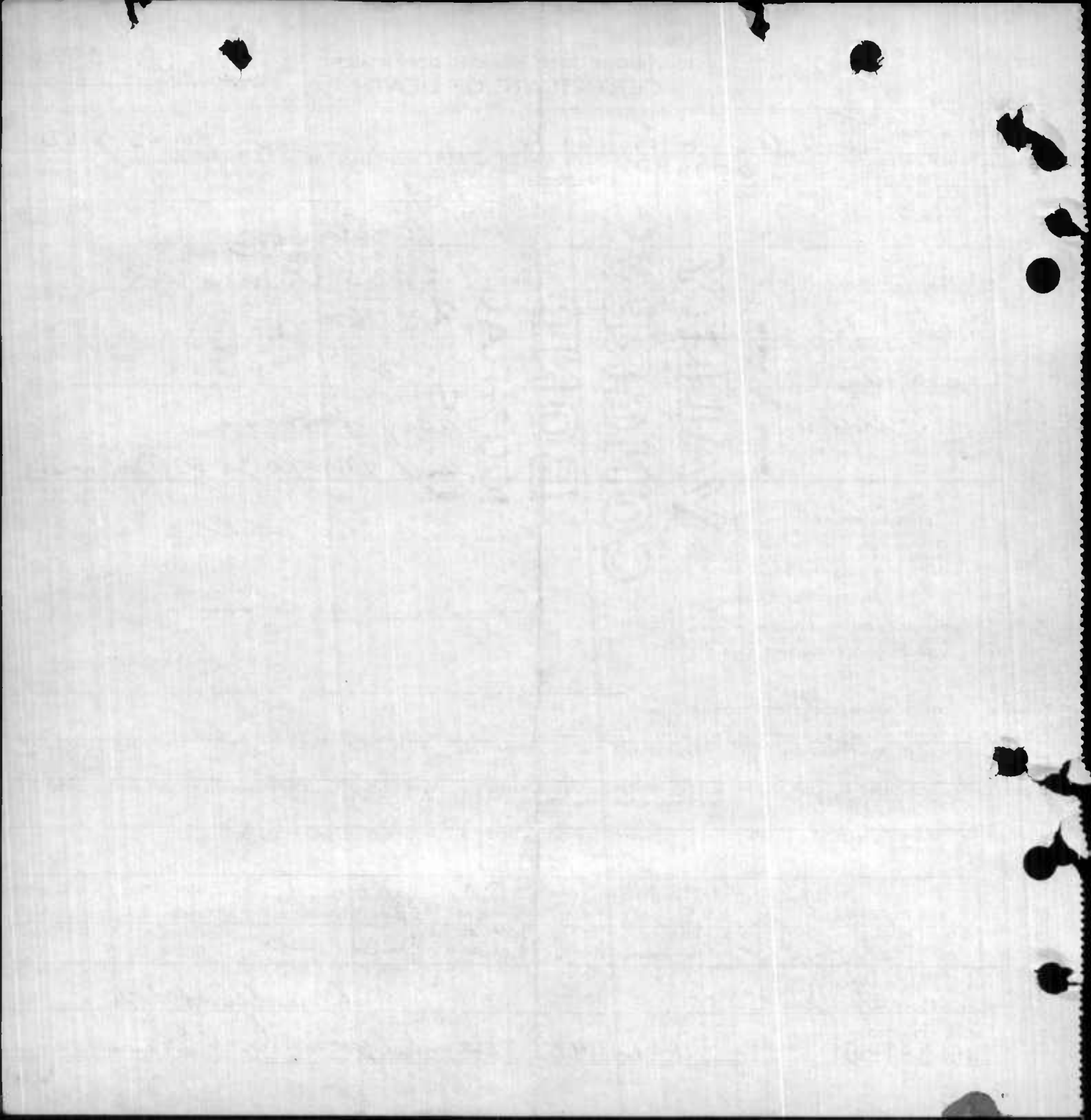
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4974

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Amnden J Emty</i>			2. DATE OF DEATH <i>June 2 50</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>2533 Penna Ave</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 13-03</i>		
c. Length of stay in Baltimore <i>6 yr</i>			D. STREET ADDRESS (If rural, give location) <i>2533 Penna Ave</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>col</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>July 8 1862</i>	9. AGE (In years last birthday) <i>87</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>	11. BIRTHPLACE (State or foreign country) <i>Pa</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>William Emty</i>			14. MOTHER'S MAIDEN NAME <i>Mary Thomas</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Beryl Brooks 2533 Penna Ave</i>		
18. <i>331X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Hemorrhage</i> DUE TO <i>Essential Hypertension</i> DUE TO <i>?</i> DUE TO <i>?</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>		
<p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p>II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>					
19A. DATE OF OPERATION <i>6</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5-24</i> 19 <i>49</i> , to <i>6-2</i> 19 <i>50</i> , that I last saw the deceased alive on <i>6-2</i> 19 <i>50</i> , and that death occurred at <i>7:30</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Stanford P. Brunsden</i> M. D.			23B. ADDRESS <i>1309 Dind Hill</i>		23C. DATE SIGNED <i>6-2-50</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>June 3 50</i>	24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State) <i>Bradford Pa</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 3-1950</i>		REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Sarah L Brown Son 108 W Montgomey</i>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 4975

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

David Bankovitch

2. DATE
OF
DEATH

June 2, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

3/27/1947

9. AGE (In years
last birthday)

2

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Bankovich

14. MOTHER'S MAIDEN NAME

Ethel Kochan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 754.4 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Peroxysmal dyspnea attack

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Congenital heart disease

DUE TO

(C) CERTIFICATION APPROVED BY

Dr. Kammer

per R. B. Kasher

M. D.

CHIEF OR DEPUTY MEDICAL EXAMINER

INTERVAL BETWEEN
ONSET AND DEATH

1 1/2 hrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1950, to June 2, 1950, that I last saw the deceased alive on 2 June, 1950, and that death occurred at 11:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

W. S. Houser

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

June 2, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

6/3/50

24C. NAME OF CEMETERY OR CREMATORY

Wilkes Barre

24D. LOCATION (City, town, or county)

Pa

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 3 - 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook Inc. 1217 St. Paul St

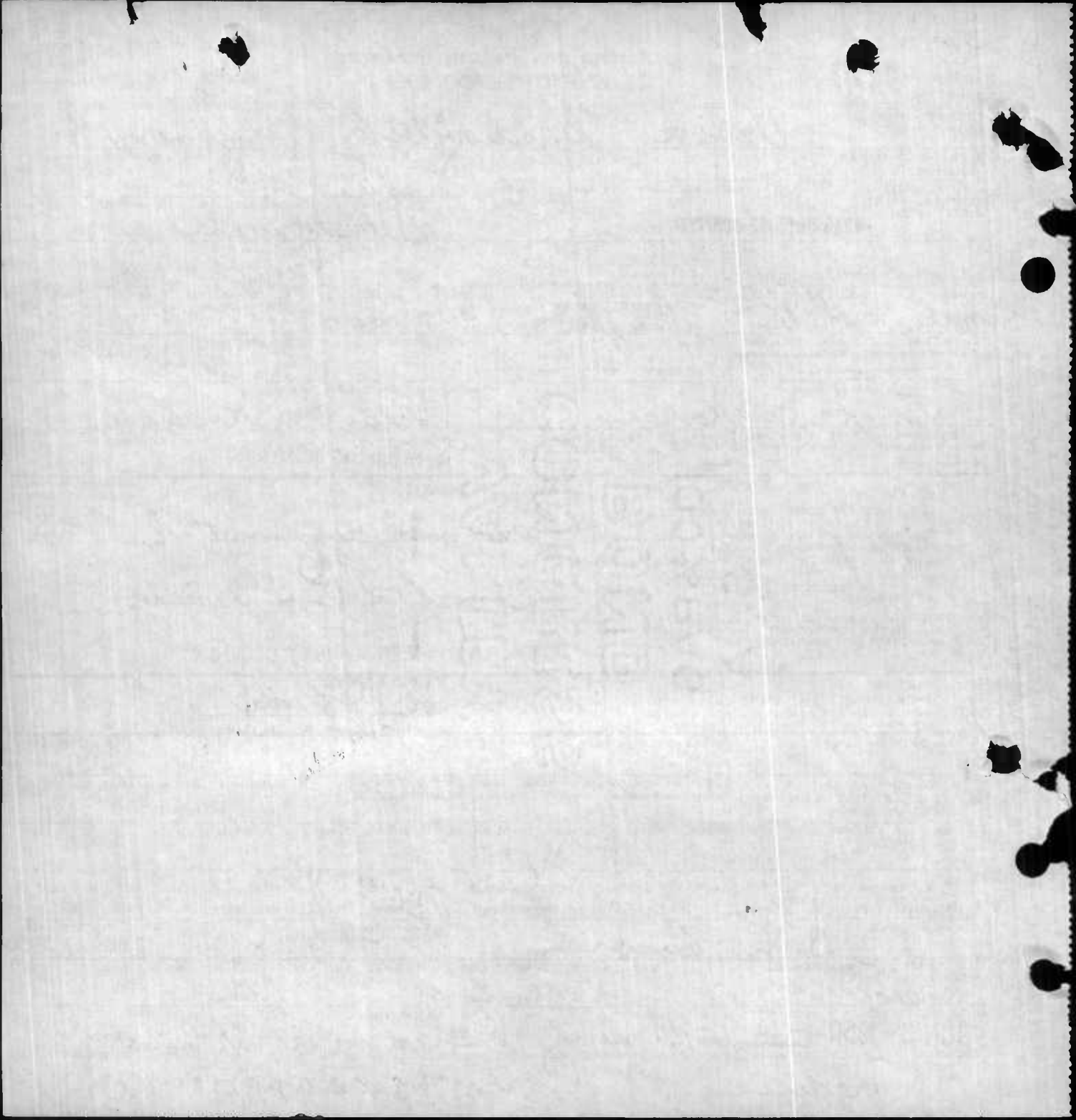
ADDRESS

VS 150

Medical Ex Case To be approved 157E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4976

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ARTHUR CHAPMAN

2. DATE
OF
DEATH

6-1-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNIVERSITY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
1937 Madison Ave
Baltimore

D. STREET ADDRESS (If rural, give location)

1937 Madison Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

12/19/1896

9. AGE (In years last birthday)

53

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Contractor

10B. KIND OF BUSINESS OR INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Chapman

14. MOTHER'S MAIDEN NAME

Sarah?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

?

17. INFORMANT

ADDRESS

Bessie Chapman 1937 Madison Ave

18.

420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CARDIAC DECOMPENSATION

DUE TO

ANTECEDENT CAUSES

(B) ARTERIOSCLEROTIC HEART DISEASE

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

UREMIA

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 5-21-1950, to 6-1-1950, that I last saw the deceased alive on 6-1-1950, and that death occurred at 1:35 A.M., from the causes and on the date stated above.

23A. SIGNATURE

W.A. Hermann

M.D.

23B. ADDRESS

Univ. Hoop.

23C. DATE SIGNED

6-1-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/4/50

24C. NAME OF CEMETERY OR CREMATORY

mt Zion

24D. LOCATION (City, town, or county)

Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 3-1950

REGISTRAR'S SIGNATURE

Wilmington Williams, Jr.

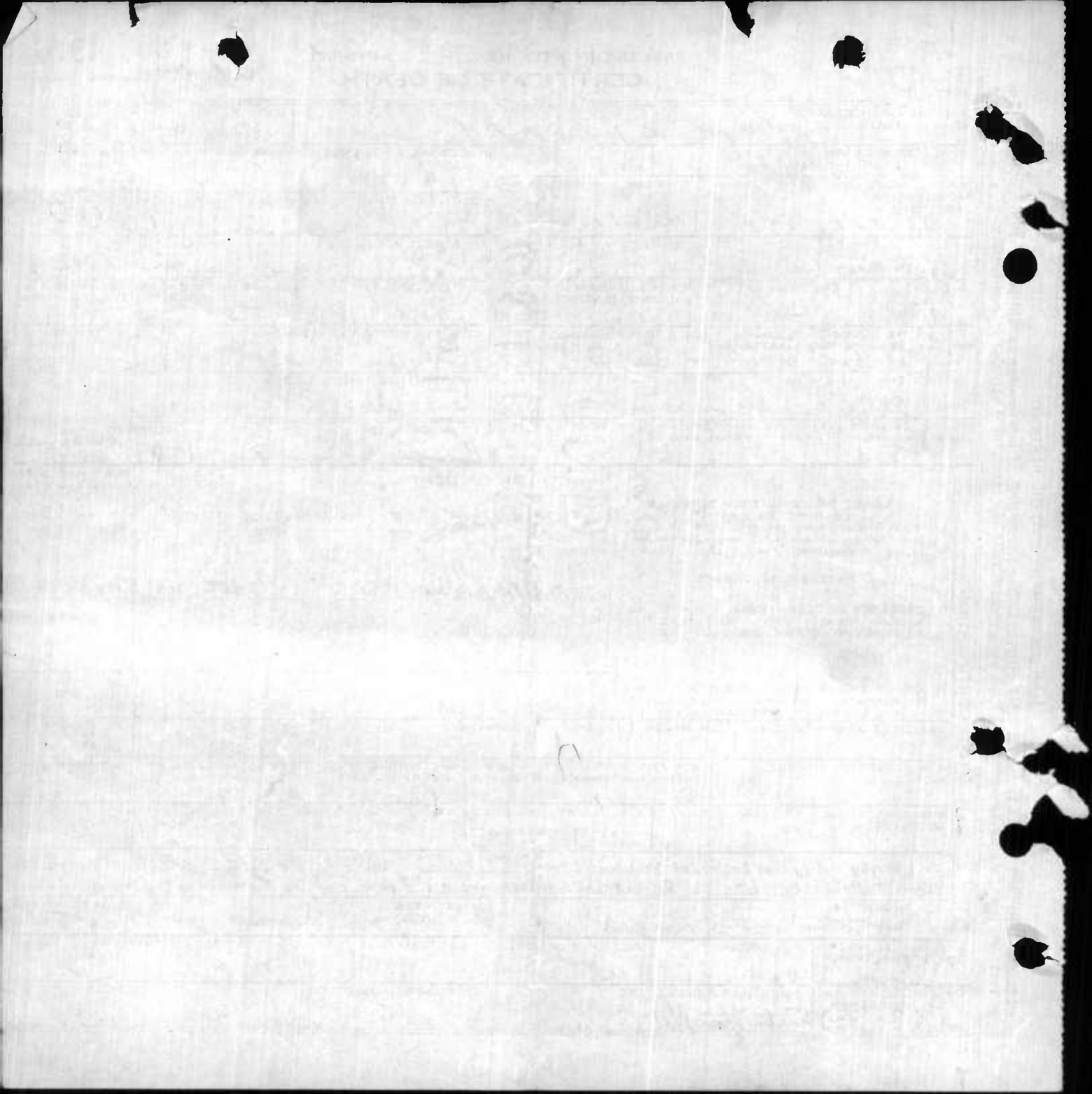
25. FUNERAL DIRECTOR

Geo. B. Wilson 1303 Presnam

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4977

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

GEORGE B. CONITS (Konidichiotis)

2. DATE
OF
DEATH

5-31-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

6101 YORK Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 12

27-085

D. STREET ADDRESS (If rural, give location)

6101 York Rd

c. Length of stay in Baltimore

30 years

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE ~~MARRIED~~
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1-1-1888

9. AGE (In years last birthday)

62

10 Under 1 Year
Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PROP.

10B. KIND OF BUSINESS OR INDUSTRY

TAVERN

11. BIRTHPLACE (State or foreign country)

Greece

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Boisilios

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

William Conits

ADDRESS

6101 York Rd

18. *443X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

*Congestive Heart Failure
Hypertensive + Arteriosclerotic
Heart Disease*

INTERVAL BETWEEN ONSET AND DEATH

6 mos

10 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *June*, 1942 to *May 31*, 1950, that I last saw the deceased alive on *May 31*, 1950, and that death occurred at *9:30 p. m.*, from the causes and on the date stated above.

23A. SIGNATURE

Leon Ashman

23B. ADDRESS

1201 Pagar Home St

23C. DATE SIGNED

6-2-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

6-3-50

24C. NAME OF CEMETERY OR CREMATORY

Greek Cem.

24D. LOCATION (City, town, or county) (State)

Windsor Mill Rd

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Lambros Fun. Home

JUN 3-1950

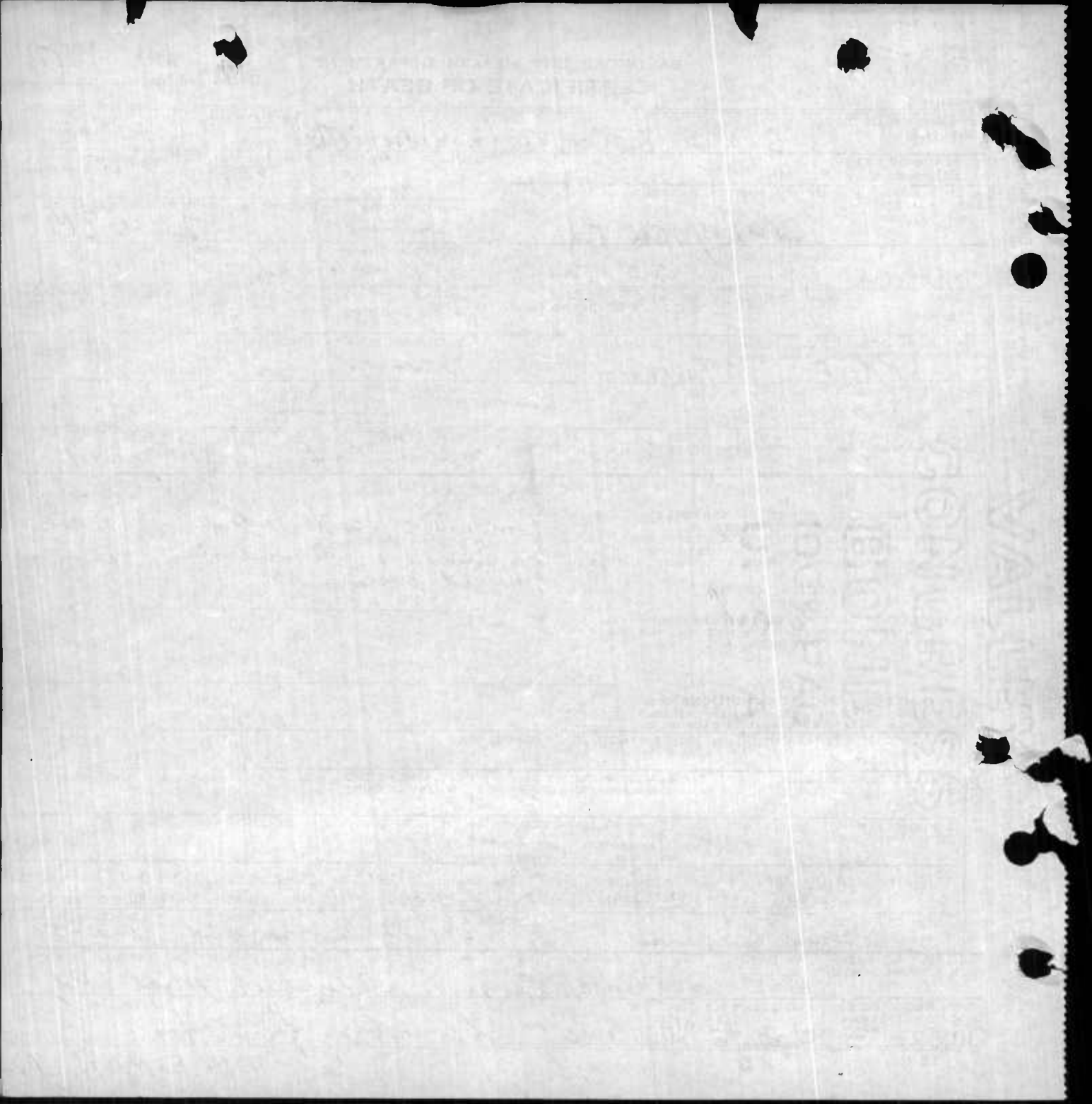
VS 150

15671

937 440 E. North. Av.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4978
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SAMUEL (LAMOTINA) LamarTina

2. DATE
OF
DEATH

June 2, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

15 S. Rosedale Street

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

20-06

D. STREET ADDRESS (If rural, give location)

15 S. Rosedale Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan 27-1902

9. AGE (In years last birthday)

48 46

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Produce Dealer

10B. KIND OF BUSINESS OR INDUSTRY

Market

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Angelo Lamastina

14. MOTHER'S MAIDEN NAME

Josephine De Marco

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Online Price 1515 Eutaw Place

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Coronary artery sclerosis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley E. DeLoache, M.D.

23B. CHIEF MEDICAL EXAMINER..... ☒

ASSISTANT MEDICAL EXAMINER..... ☒

23C. DATE SIGNED

June 2, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 5-1950

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Old Frederick Rd. Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

JUN 3-1950

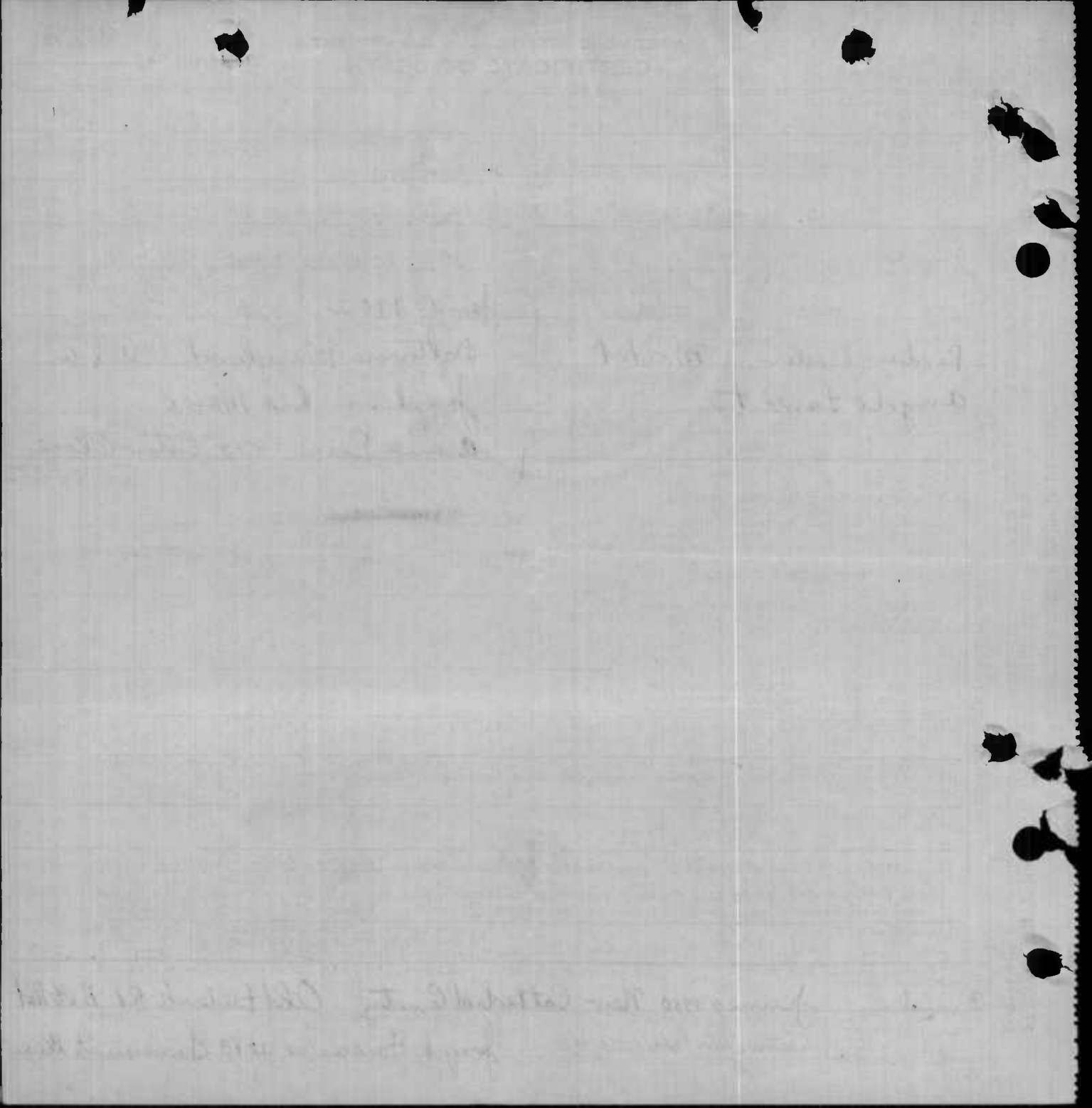
REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

Joseph Garase Inc 2013 Thimmonet Ave

ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED

6-6-50

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1979
Registered No.

1. NAME OF DECEASED (Type or Print) HOWARD E. (DECEASED) BURNUP			2. DATE OF DEATH May 31, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel		
5. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glen Burnie		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 211 Old Annapolis Road 5200		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN 20, 1884	9. AGE (In years last birthday) 66	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSURANCE (Retired)			10B. KIND OF BUSINESS OR INDUSTRY MD CASUALTY		
11. BIRTHPLACE (State or foreign country) MARYLAND			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME JOHN C. BURNUP			14. MOTHER'S MAIDEN NAME KATE LOWERY		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT HARRY BURNUP			ADDRESS 129 N BROADWAY		

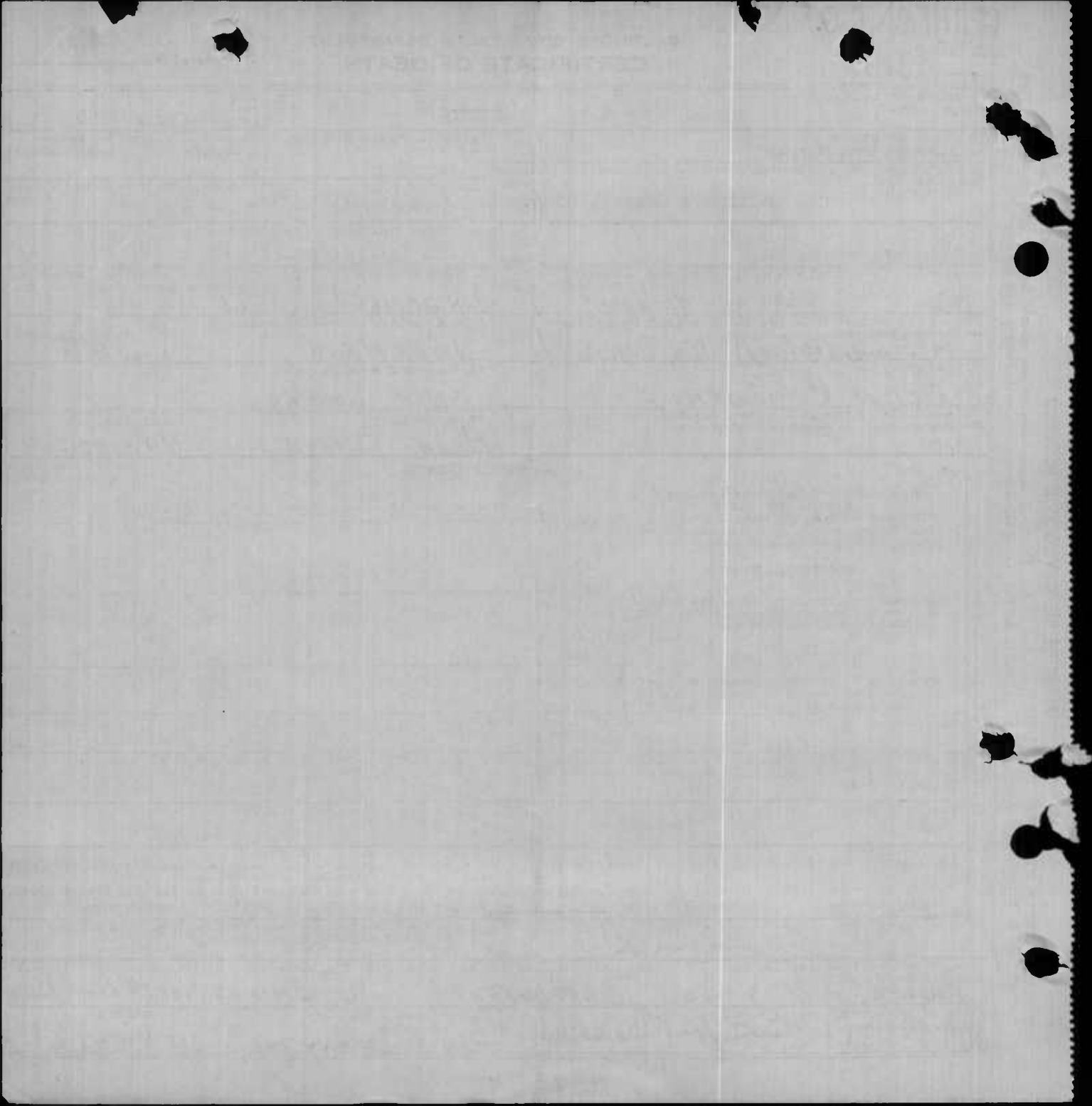
18. 422-1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease	CAUSE OF DEATH (A) Arteriosclerotic cardiovascular disease DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
!! OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C) DUE TO	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>[Signature]</i>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>	23C. DATE SIGNED 6-1-50
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 6-3-50	24C. NAME OF CEMETERY OR CREMATORY BALTIMORE
24D. LOCATION (City, town, or county) (State) E. END OF NORTH AVE BAL		

DATE RECEIVED BY LOCAL REGISTRAR JUN 3-1950	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR JOHN F. DENNY INC	ADDRESS 715 LIGHT ST.
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4980
Registered No. _____

BIRTH NO. 1980

1. NAME OF DECEASED
(Type or Print)

Pete Frank TIRILUS, (Petrus Tirilus)

2. DATE
OF
DEATH

May 27, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

3-02

D. STREET ADDRESS (If rural, give location)

30 Albemarle St.

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

unk.

8. DATE OF BIRTH

Feb. 3, 1879

9. AGE (In years last birthday)

71

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, also if retired)

unk. LABORER

10B. KIND OF BUSINESS OR INDUSTRY

REPORT

11. BIRTHPLACE (State or foreign country)

unk.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

unk.

14. MOTHER'S MAIDEN NAME

unk.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

?

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

?

17. INFORMANT

ADDRESS

Mrs Anna Doherty, 820 E. Lombard

18. 9298

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Drowning (found drowned)

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Harbor

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Found E. Falls and Eastern Ave. 4-1

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Found May 27, 1950 8 A.M.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Found drowned

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.

23A. SIGNATURE

RS Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐

23C. DATE SIGNED

May 27, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 3rd 1950

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Belair Rd

(State)

DATE RECEIVED BY REGISTRAR'S SIGNATURE

JUN 3 - 1950

REGISTRAR'S SIGNATURE

Wilmington Williams, Jr.

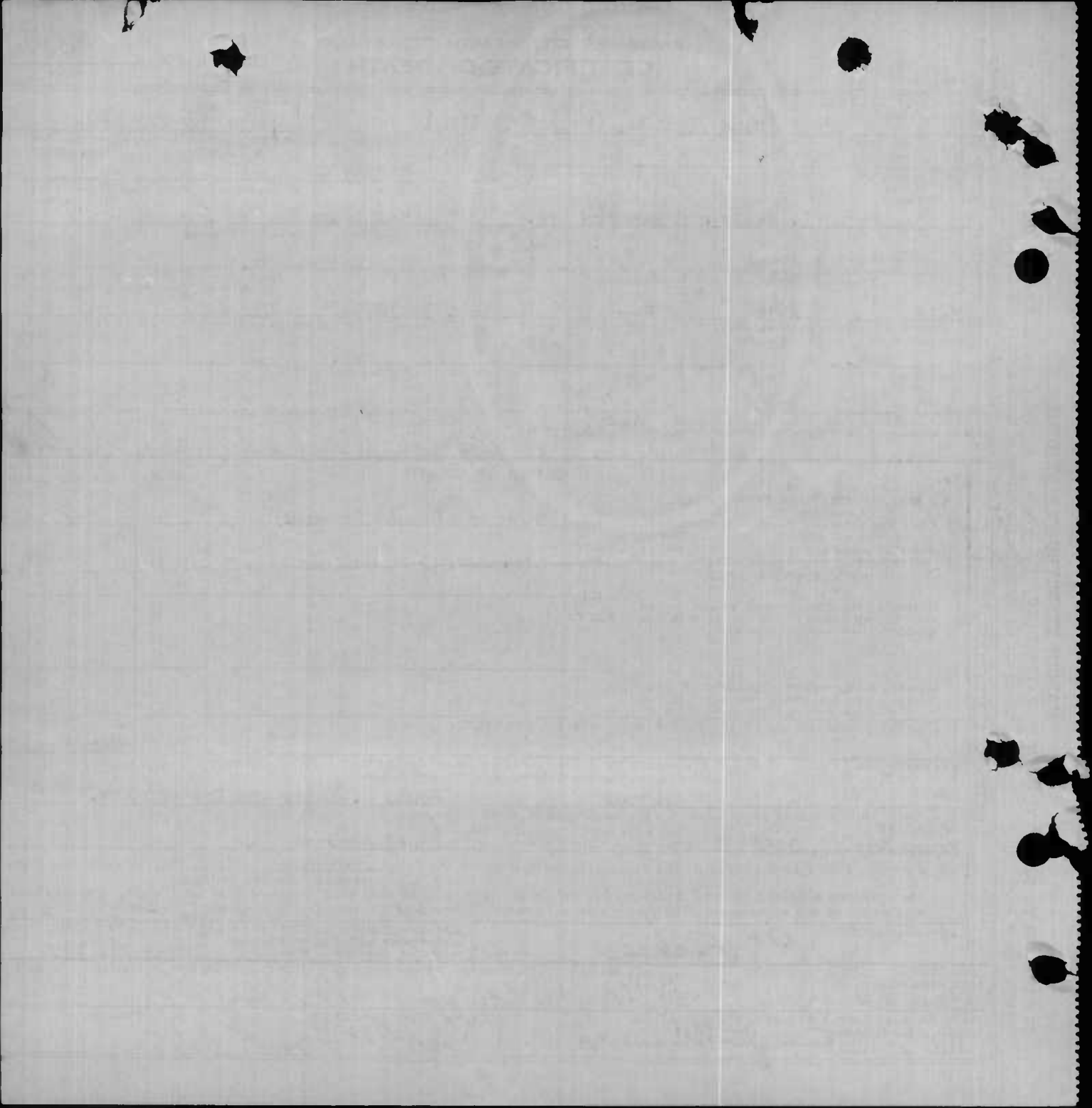
25. FUNERAL DIRECTOR

Geo W. Smith, Jr.

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4981
Registered No.

BIRTH NO.

1. NAME OF DECEASED
Type or Print)

Milton E. Harding

2. DATE
OF DEATH

June 2/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2218 Wilkens Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

20-05

D. STREET ADDRESS (If rural, give location)

2218 Wilkens Ave.

c. Length of stay in Baltimore

60 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 23, 1870

9. AGE (In years last birthday)

80

If Under 1 Year Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Guard

10B. KIND OF BUSINESS OR INDUSTRY

American Hammer & Piston Ring

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

-----Harding

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Carrie H. Harding, 2218 Wilkens Ave.

1B.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Coronary occlusion**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **none**

DUE TO

II

(C) **none**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6/7** 19**50** to **6/2** 19**50** that I last saw the deceased alive on **6/2** 19**50** and that death occurred at **3 P. M.** from the causes and on the date stated above.

23A. SIGNATURE

Benjamin K. Kell

M. D.

23B. ADDRESS

1030 Wilkens Ave

23C. DATE SIGNED

6/2/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 5/50

24C. NAME OF CEMETERY OR CREMATORY

Western, Edmondson Ave. & Longwood St. Balto. Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 3 - 1950

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

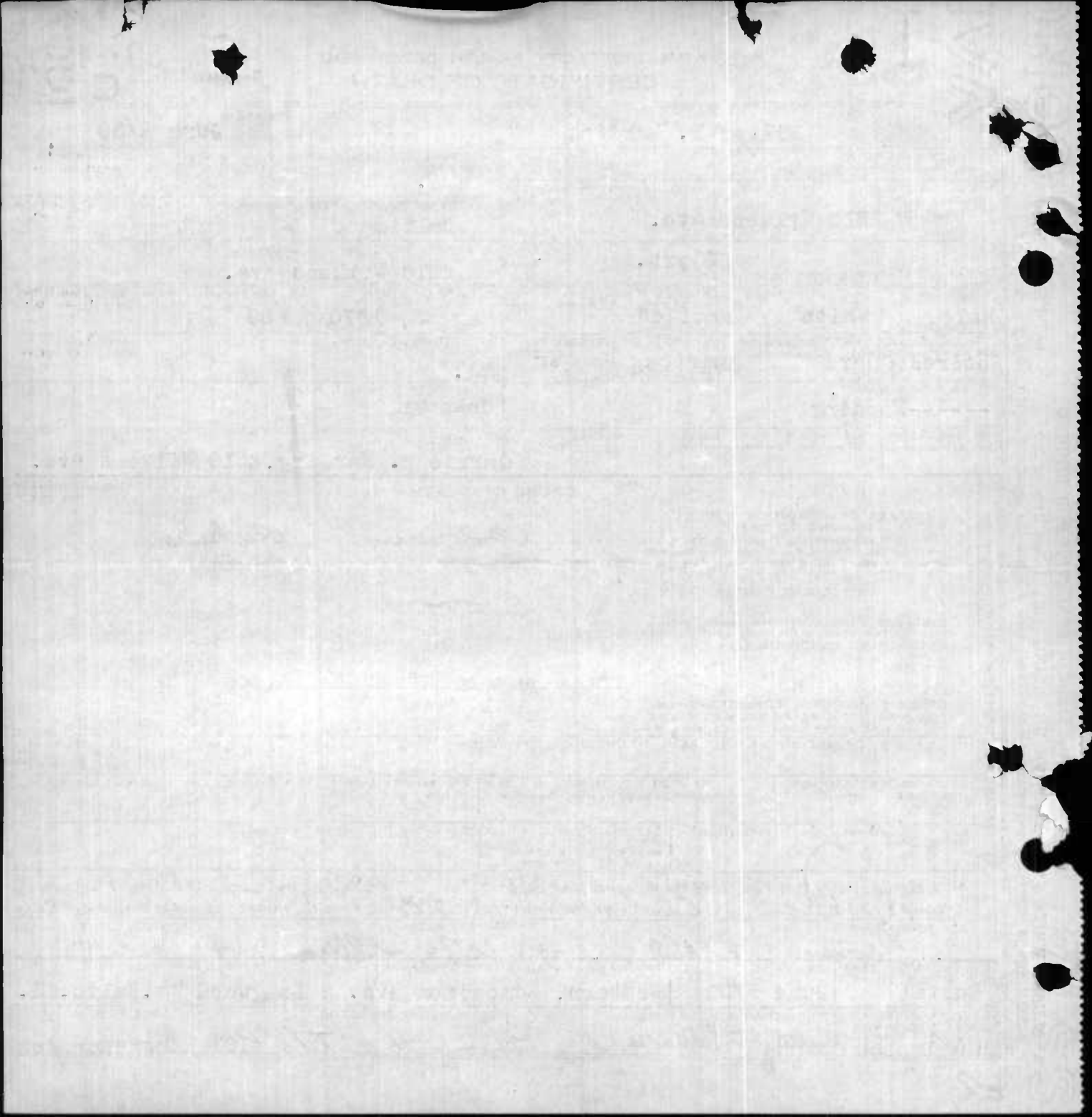
Harry H. White

ADDRESS

4101 Edmondson Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.



M-520
50 4982BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4982
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NANNIE HUGHES MANNS

2. DATE
OF
DEATH

June 1, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION2314 M^o Culloh St.

4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

D. STREET ADDRESS

(If rural, give location)

2314 M^o Culloh St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Caucasian

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 11, 1898

9. AGE (In years,
last birthday)

52

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Retail jewelry

11. BIRTHPLACE (State or foreign country)

Bald. Md

12. CITIZEN OF
WHAT COUNTRY?

usa

13. FATHER'S NAME

Marshall Hughes

14. MOTHER'S MAIDEN NAME

Mary Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give year or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mr. Edgar T. Manns M^o Culloh St

ADDRESS 2314

18.

174X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Carcinomatosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) ...

INTERVAL BETWEEN
ONSET AND DEATH

?

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 1, 1949, to June 1, 1950, that I last saw the deceased alive on June 1, 1950, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Stanford O. Immers

M. D.

23B. ADDRESS

1309 Judd Hill Ave

23C. DATE SIGNED

6-3-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/3/1950

24C. NAME OF CEMETERY OR CREMATORY

Arbutus

24D. LOCATION (City, town, or county)

Baltimore C. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 3-1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Hallard Funeral Home
1603 Judd Hill Ave

ADDRESS

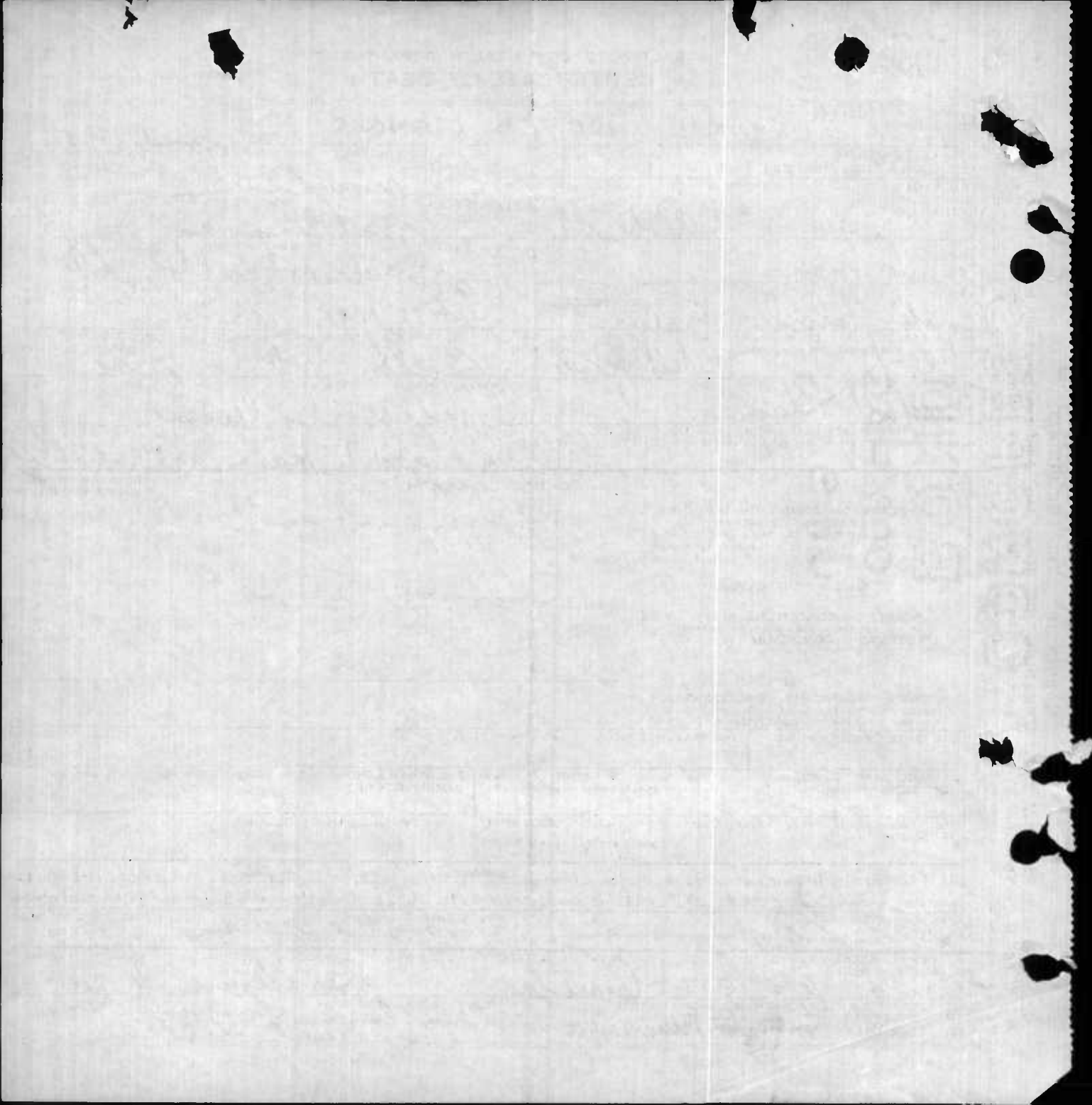
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29076

48B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4983
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BARBARA R. ZIES

2. DATE
OF
DEATH

June 2, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3013 Chelsea Terr.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE
Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore **15-08A**

D. STREET ADDRESS (If rural, give location)

3013 Chelsea Terr.

c. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

April 20, 1872

9. AGE (In years last birthday)

78

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Roeser

14. MOTHER'S MAIDEN NAME

Christine Schneider

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Theodore Zies 3013 Chelsea Terr.

18. **443 X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Acute congestive failure**
DUE TO **Hypertensive and arteriosclerotic**
(B) **cardiovascular disease**
DUE TO **with chronic myocarditis.**

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **25 April, 1950**, to **2 June, 1950**, that I last saw the deceased alive on **2 June, 1950**, and that death occurred at **1:00 A. M.**, from the causes and on the date stated above.

23A. SIGNATURE

Emil H. Henning Jr.

23B. ADDRESS

601 Winans Way

23C. DATE SIGNED

3 June 50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/5/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Dickener & Sons - Balto

25. FUNERAL DIRECTOR

ADDRESS

JUN 3 - 1950

VS 150

937 md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

EASTMAN CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

DECEASED BY

STATE OF NEW YORK
COUNTY OF

CITY OF

WEDNESDAY, JANUARY 1, 1900

DECEASED AT

AGE

DECEASED AT

DECEASED AT

DECEASED AT

DECEASED AT

DECEASED AT

DECEASED AT

DECEASED AT

DECEASED AT

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4984
Registered No. _____

BIRTH NO. 50 4984

1. NAME OF DECEASED (Type or Print) <i>Christine Kazmiercki</i>			2. DATE OF DEATH <i>6-1-50</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1451 Reynolds St</i>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1451 Reynolds St</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i> <i>24-01</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>1451 Reynolds St</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>12-10-1877</i>		9. AGE (In years last birthday) <i>72</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Poland</i>
13. FATHER'S NAME <i>Unknown</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Edward Kazmiercki 323</i> <i>1451 Reynolds St</i>		

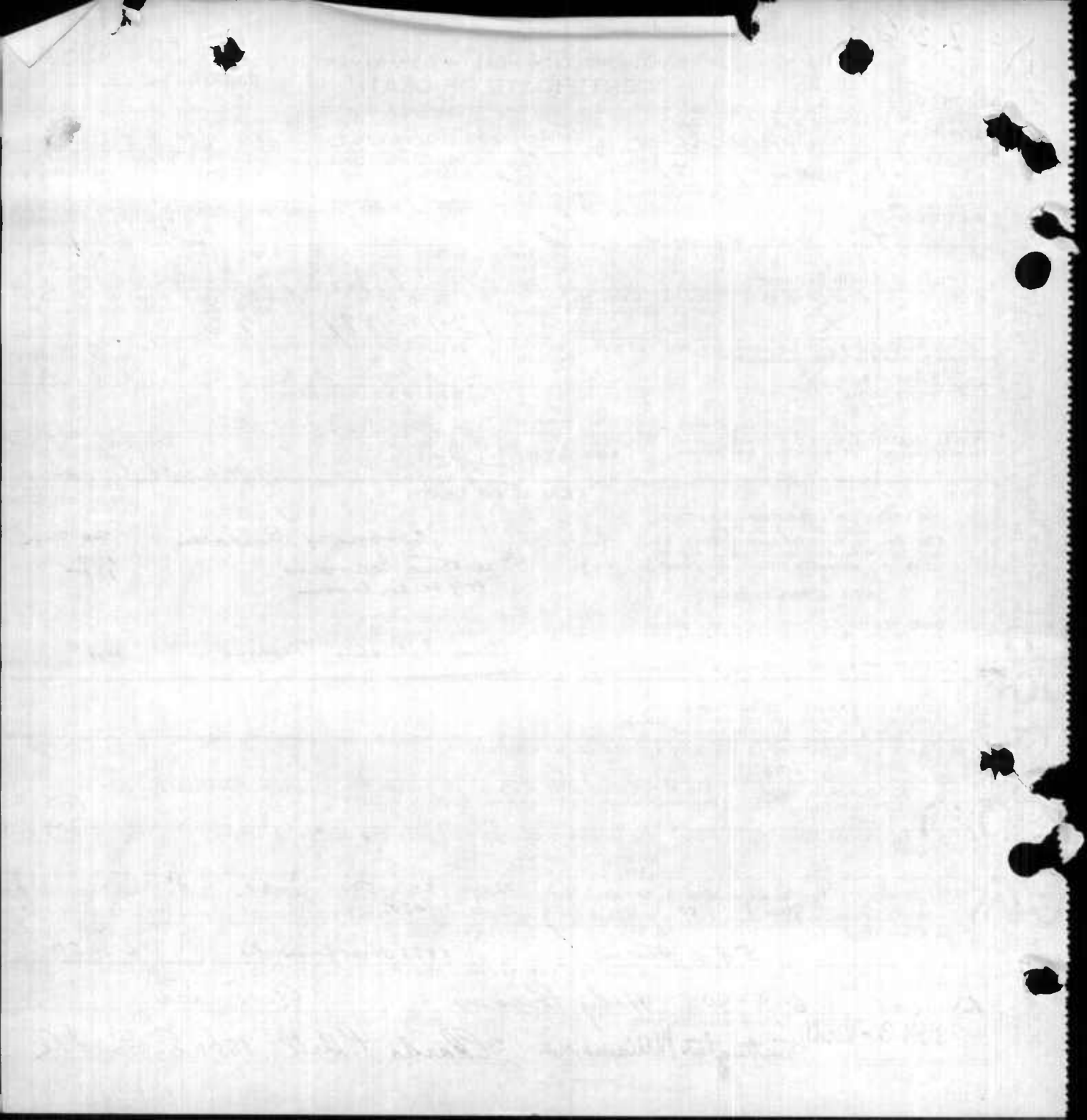
18. <i>420.11</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) _____ DUE TO	CAUSE OF DEATH <i>Coronary Embolism</i> <i>arterio sclerosis</i> <i>hypertension</i>		INTERVAL BETWEEN ONSET AND DEATH <i>20 min</i> <i>140</i> <i>145</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) _____ DUE TO	<i>Chronic Incurable Nephritis</i>		<i>197</i>
(C) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>0</i> <i>10/10</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>May 22, 1950</i> , to <i>June 1, 1950</i> , that I last saw the deceased alive on <i>June 1, 1950</i> , and that death occurred at <i>7:45 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>S. F. A. Thomas</i>		23B. ADDRESS <i>2878 Harford Rd</i>		23C. DATE SIGNED <i>6-2-50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>6-5-50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Cross</i>	
				24D. LOCATION (City, town, or county) (State) <i>Q. A. Co.</i>	
DATE RECEIVED BY LOCAL HEALTH DEPARTMENT <i>JUN 5 1950</i>		REGISTRAR'S SIGNATURE <i>Wm. H. Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Charles F. Hill 1501 E. Fort Ave</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

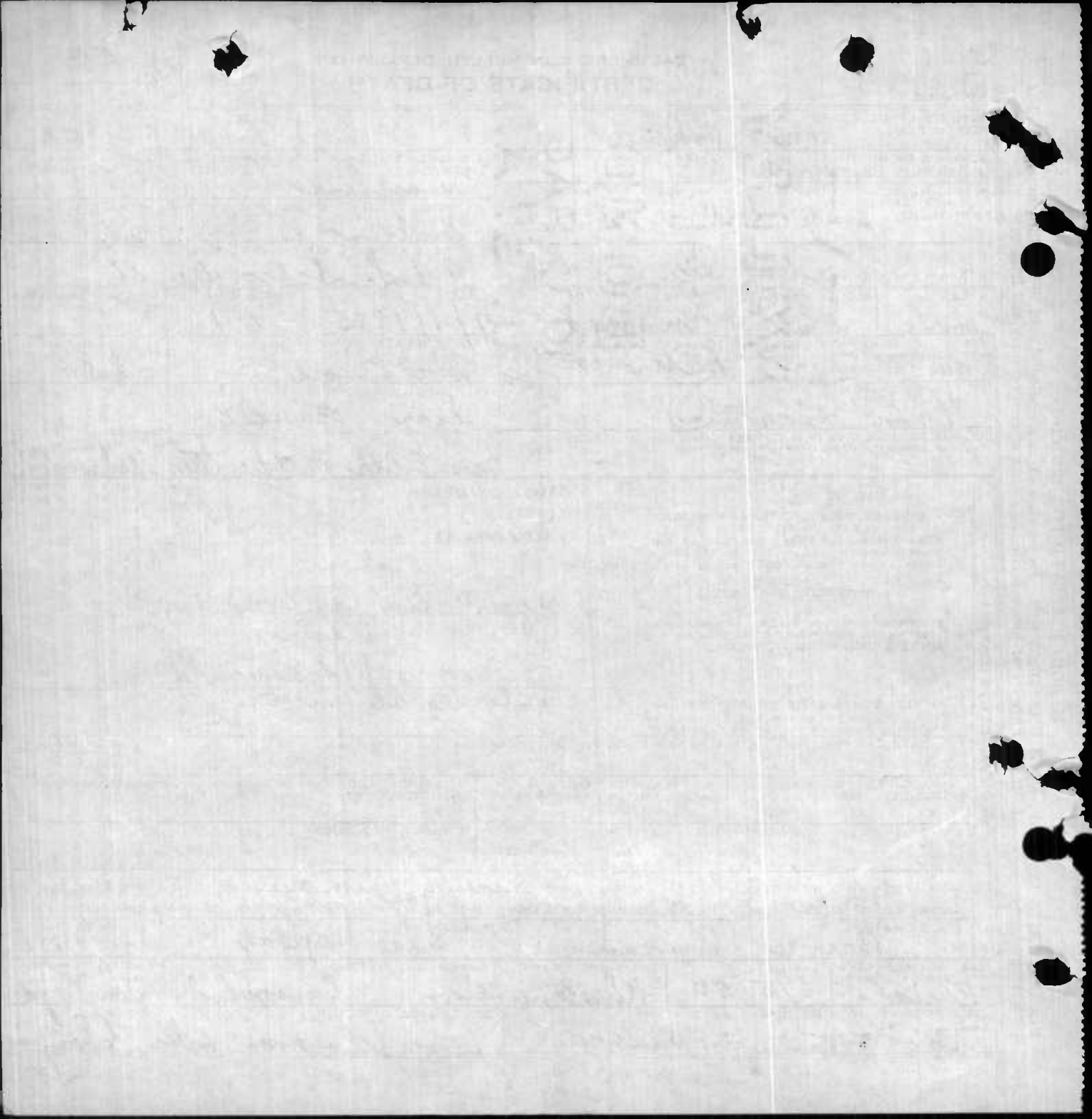
50 4985
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) OTTO K. HARTING			2. DATE OF DEATH JUNE 3, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION SINAI HOSP. OF BALTO., INC.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18-03		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 44 S. Schroeder St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/4/1885		9. AGE (In years last birthday) 64
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) maintenace man			11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Harting			14. MOTHER'S MAIDEN NAME Dora Keufel		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) -			16. SOCIAL SECURITY NO. -		17. INFORMANT ADDRESS Mrs Edith M. Harting Schroeder 44 S. St.

18. 181X I	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(A) Uremia DUE TO		
	(B) Hypertensive Cardiovascular Disease DUE TO		
	(C) Carcinoma of Bladder and ureteral Obstruction.		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1, 1952 , to June 2, 1952 , that I last saw the deceased alive on June 2, 1952 , and that death occurred at 2:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Barnett Berman M.D.		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED June 3, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/5/50		24C. NAME OF CEMETERY OR CREMATORY Western Lm.	
24D. LOCATION (City, town, or county) Edmondson Longwood		24E. DATE RECEIVED BY LOCAL REGISTRAR JUN 3 - 1950		24F. REGISTRAR'S SIGNATURE William Williams	
25. FUNERAL DIRECTOR John J. Cowan		25. ADDRESS 409 St. 52B			



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Norman Herbert Wolfe, Jr.

2. DATE
OF
DEATH

June 1, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore County Middle River

D. STREET ADDRESS (If rural, give location)

45 Torque Way

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 30, 1950

9. AGE (In years last birthday)

10 Under 1 Year
Months: Days: Hours: Min.

2

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Co., Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Norman H. Wolfe, Sr.

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Father

18.

771.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Hemorrhagic disease of the newborn

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1/, 1950, to 6/1/, 1950, that I last saw the deceased alive on 6/1/, 1950, and that death occurred at 12:15 PM from the causes and on the date stated above.

23A. SIGNATURE

Thaddeus Swinski

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

6/1/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/3/50

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Balt Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Christington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

L. J. Luck 5305 Wayford

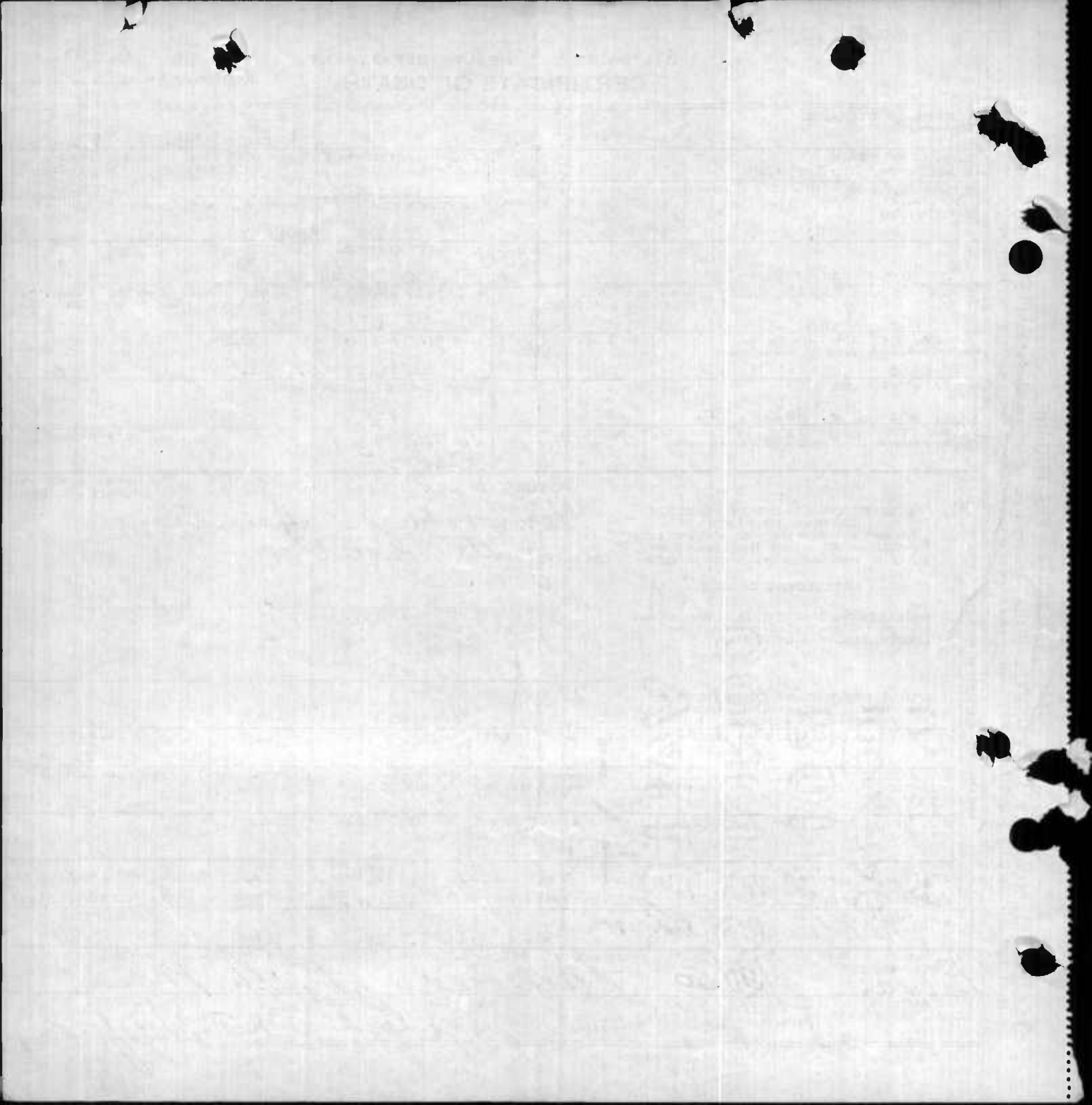
JUN 4 - 1950

VS 150

161c

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



N 160
50 1987BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1987
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK X. NEUBAUER

2. DATE
OF
DEATH

JUNE 1-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Pineridge Nursing Home

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 27-02

D. STREET ADDRESS (If rural, give location)

2921 MARKLEY AVE.

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct. 7-1874

9. AGE (In years;
last birthday)

75

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Baker

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknowns)16. SOCIAL
SECURITY NO.

216-14-1206A

17. INFORMANT

ADDRESS Markley

MR. Frederick Neubauer 2921 Ave.

18.

177X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma Prostate

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Arteriosclerotic Cardio-Vascular
Renal DiseaseINTERVAL BETWEEN
ONSET AND DEATH

1 yr.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/20, 1950, to 6/1, 1950, that I last saw the
deceased alive on 5/31, 1950, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph X. Blum M.D.

23B. ADDRESS

1115 N. Calvert St.

23C. DATE SIGNED

6/1/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/5/50

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

New York, N. Y.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 4-1950

Huntington Williams, M.D.

Leonard J. Ruck - 5305 Hartford Rd.

VS 150

51B

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be written clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DR. BLUM.
1115 N. CALVERT

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL
ALBANY, N. Y.

IN SENATE,
January 10, 1907.

REPORT
OF THE
COMMISSIONERS OF THE LAND OFFICE,
IN RESPONSE TO A RESOLUTION
PASSED BY THE SENATE
MAY 10, 1906.

ALBANY: J. B. LIPPINCOTT & CO., PRINTERS.
1907.

B-255
50 4989

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 4989

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Agnes Bushman

2. DATE
OF
DEATH

June 3, 1950

3. PLACE OF DEATH:

a. Baltimore City, Maryland

Med. Bldg 2

b. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Falls Church

d. STREET ADDRESS (If rural, give location)

1030 Sylvan Shire

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3-10-08

9. AGE (in years last birthday)

42

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Cancer Breast, metastatic

2 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3-19-1950 to 6-3-1950 that I last saw the deceased alive on 6-3-1950 and that death occurred at 12:20 P. M., from the causes and on the date stated above.

23a. SIGNATURE

Joseph D. B. King M.D.

23b. ADDRESS

JOHNS HOPKINS HOSPITAL

23c. DATE SIGNED

6-3-50

24a. BURIAL, CREMATION REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

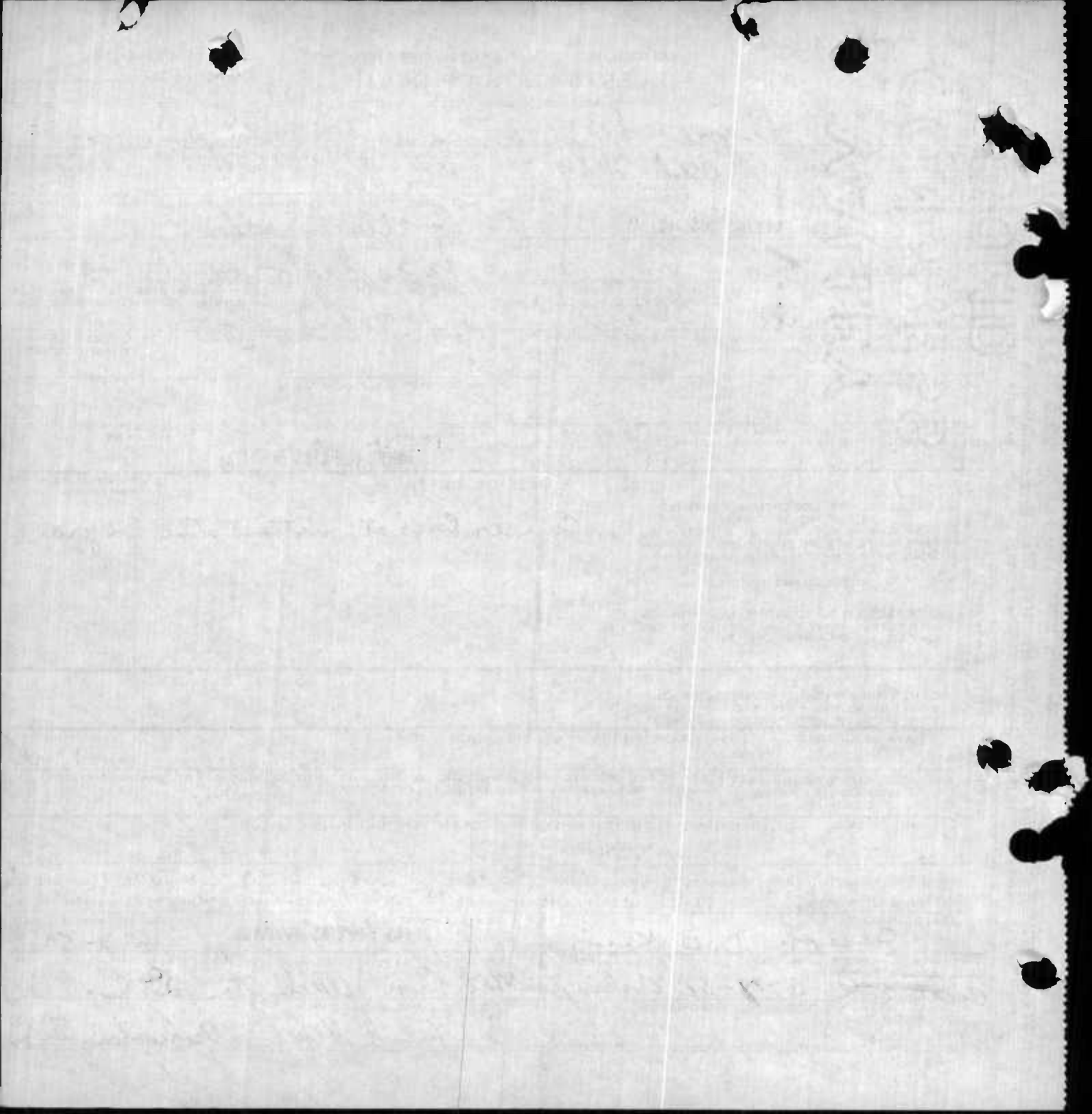
JUN 4 - 1950

W. Frank Hines - Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



H-300
50 1990

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4990
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Ruby Heath</i>		2. DATE OF DEATH <i>6-3-50</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>md</i> B. COUNTY <i>Balto.</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Sparks Md.</i>			
c. Length of stay in Baltimore <i>2</i>		D. STREET ADDRESS (If rural, give location) <i>none.</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <i>9-25-40</i>	9. AGE (In years last birthday) <i>9</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
13. FATHER'S NAME <i>Hilbert Heath</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT ADDRESS	

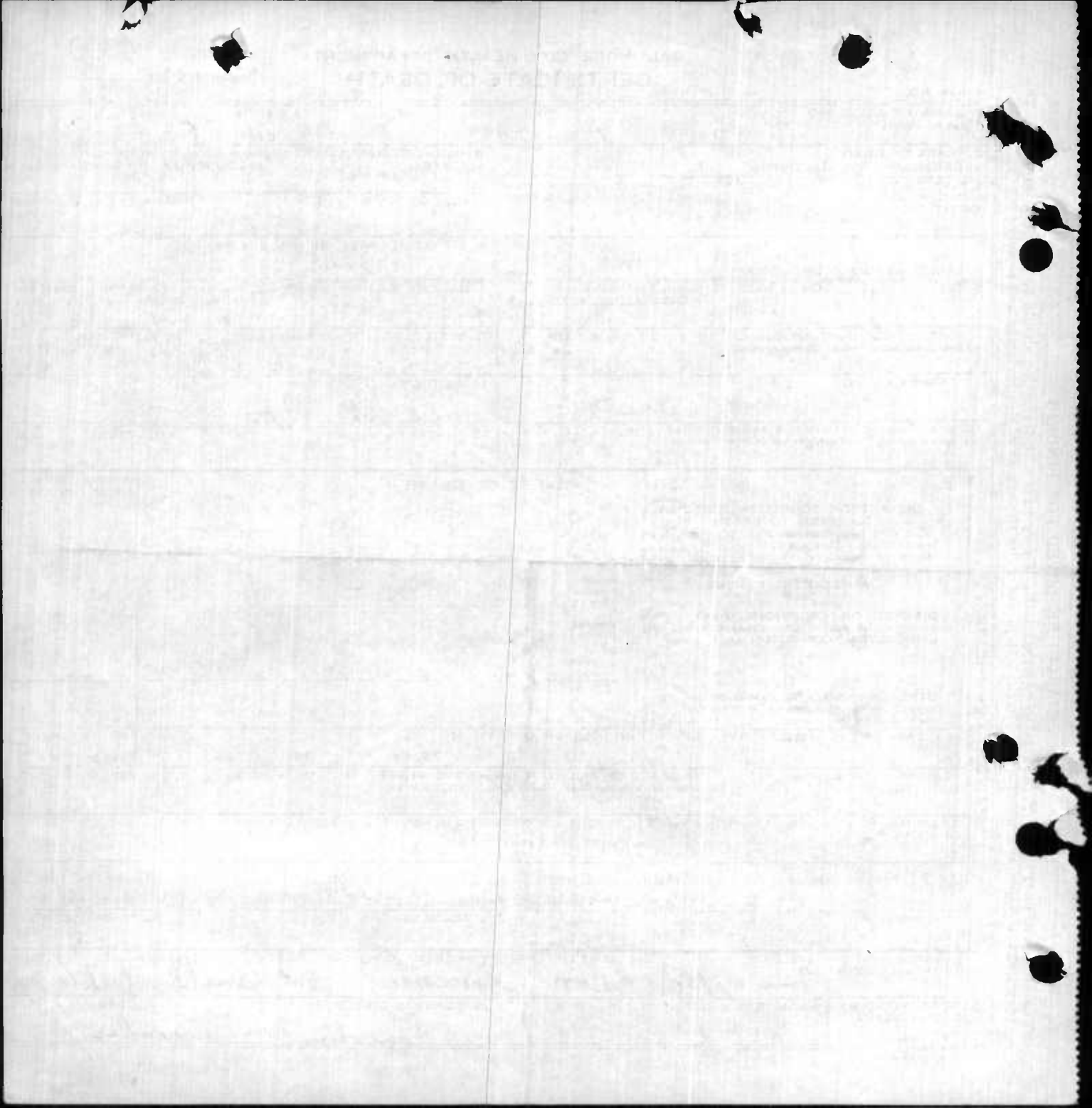
18. <i>193X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <i>Brain Tumor, Ependimoma</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO		

19A. DATE OF OPERATION <i>1-11-50</i>		19B. MAJOR FINDINGS OF OPERATION <i>Tumor of Brain Stem</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6-1-1950</i> , to <i>6-3-1950</i> , that I last saw the deceased alive on <i>6-3-1950</i> , and that death occurred at <i>4:55 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Hilbert F. Stengel</i>		23B. ADDRESS <i>Union Memorial Hosp.</i>		23C. DATE SIGNED <i>6-3-50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>June 6, 1950</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Corona Pensacola</i>	
24D. LOCATION (City, town, or county) (State) <i>Int. Canal Rd. Balto Co, Md</i>		25. FUNERAL DIRECTOR <i>Samuel M. Brooks</i>		ADDRESS	

VS 150

54a

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly stated. Physicians: please write the causes of death clearly and legibly.



C-514
50 1991BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH4991
Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

SUSAN DAY CAMPBELL

2. DATE
OF
DEATH

6-1-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1110 N. Eden St.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

10-01

D. STREET ADDRESS (If rural, give location)

1110 N. EDEN ST.

c. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

C.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOW

Yrs.
Mos.
Days

8. DATE OF BIRTH

12-25-1869

9. AGE (In years, last birthday)

80

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Rev. EUGENE GROVE 1160 N. EDEN ST

18.

153X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Lived
Carcinoma of Intestine

INTERVAL BETWEEN ONSET AND DEATH

1 yr

ANTECEDENT CAUSES

(B)

DUE TO

Metastases from Carcinoma of Intestine

tract

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Intestinal obstruction at pyloric and jejunum 1 yr ago
Hypertension due to generalized arteriosclerosis

19A. DATE OF OPERATION

about 1 year ago

19B. MAJOR FINDINGS OF OPERATION

Intestinal obstruction at junction of Pylorus and Jejunum (see above)

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1949 to 6/1, 1950, that I last saw the deceased alive on 6/1, 1950, and that death occurred at 10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Ralph J. Young

M. D.

23B. ADDRESS

1424 E Monument St

23C. DATE SIGNED

6/3/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

6-4-50

24C. NAME OF CEMETERY OR CREMATORY

MTV AUBURN

24D. LOCATION (City, town, or county) (State)

BALTO; Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William M. Williams

25. FUNERAL DIRECTOR

ADDRESS

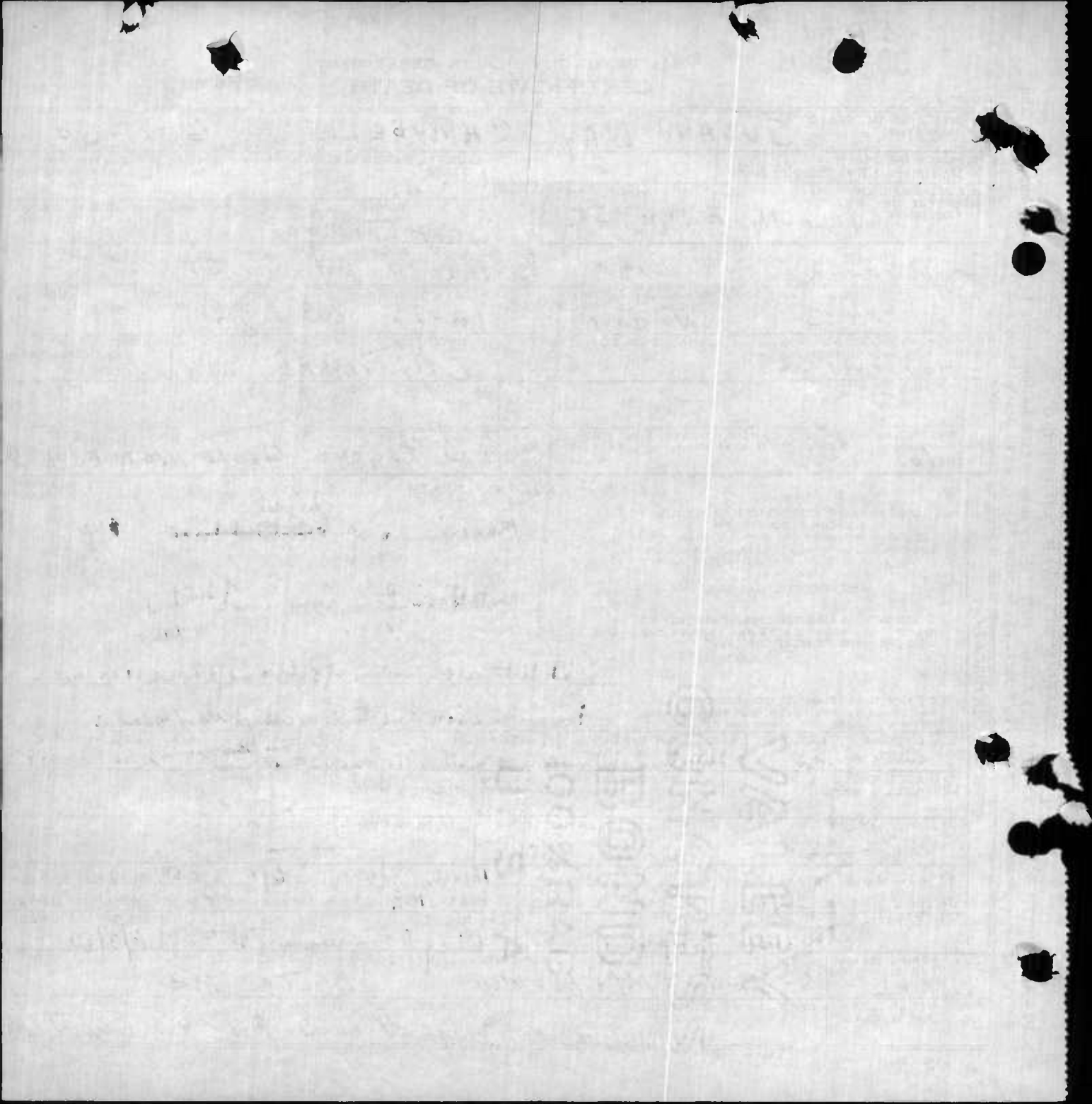
Joseph H. Locks, Jr. 1304 N. Central Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be stated fully and correctly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JUN 4 VS 150

46E



F-632
50 4992BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX 50 1992
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas J. Fritz

2. DATE
OF
DEATH

June 3, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Htl 5 - Pump

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Pa

B. COUNTY

Adams V-35

C. CITY OR TOWN

Mc Sherrystown

D. STREET ADDRESS (If rural, give location)

425 Malin St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

B. DATE OF BIRTH

1-22-00

9. AGE (in years
last birthday)

50

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Truck Driver

10B. KIND OF BUSINESS OR
INDUSTRY

Trucker

11. BIRTHPLACE (State or foreign country)

Hanover, Pa

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

George Fritz

14. MOTHER'S MAIDEN NAME

Mary Katherine Bollinger

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

539.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Pulmonary Embolus?
Esophageal Peptic UlcerINTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

5/16/50

19B. MAJOR FINDINGS OF OPERATION

as above

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-16-1950 to 6-3-1950, that I last saw the
deceased alive on 6-3-1950 and that death occurred at 11 a.m., from the causes and on the date stated above.

23A. SIGNATURE

James E. Clancy M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6/3

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 6 1950

24C. NAME OF CEMETERY OR CREMATORY

St Marys Cem.

24D. LOCATION (City, town, or county)

Mc Sherrystown, Adams Co., Pa.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington Williams, M.D.

25. FUNERAL DIRECTOR

J. T. Kernan, Mc Sherrystown, Pa.

JUN 4 - 1950

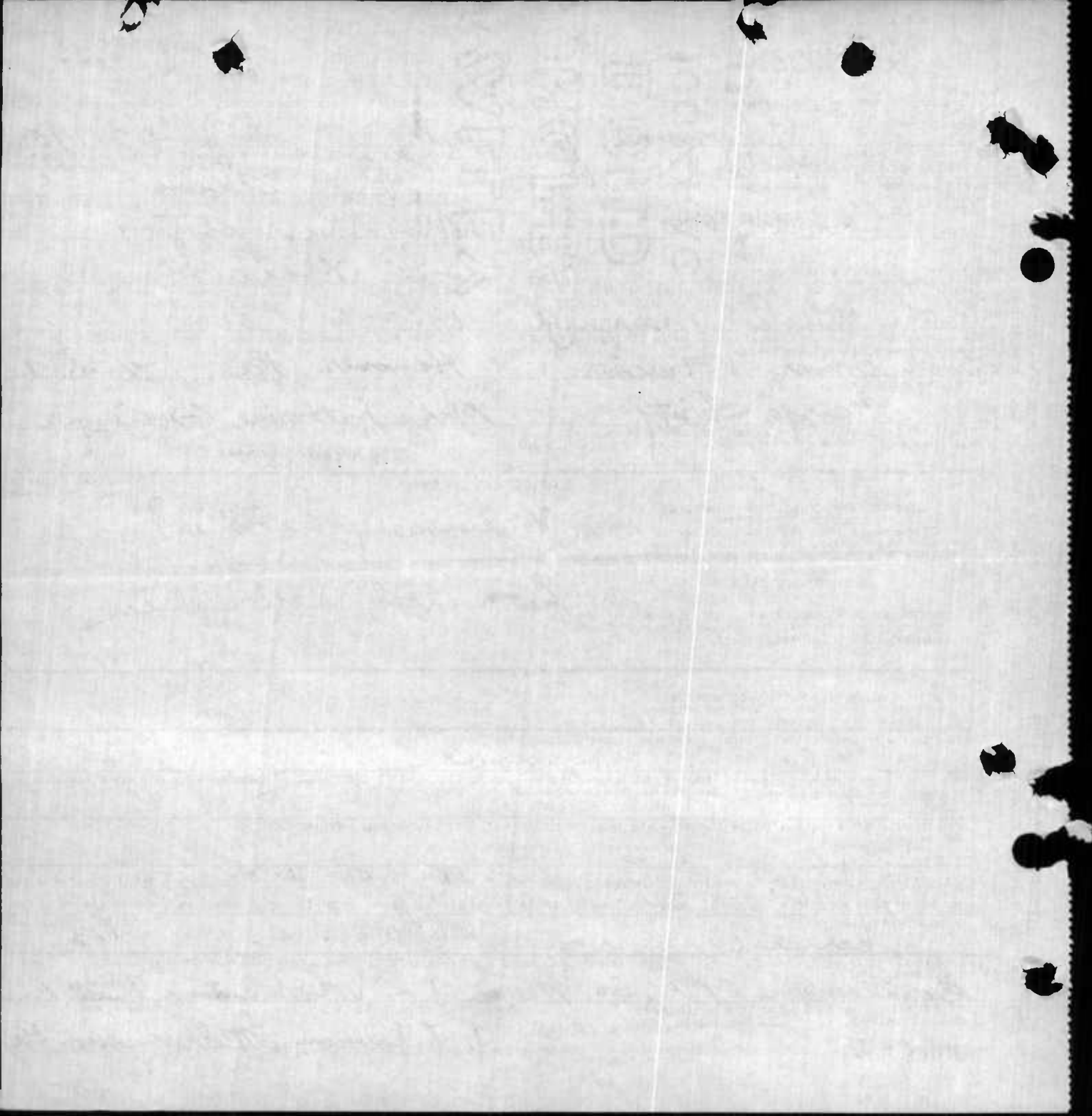
VS 150

420 50

117a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



M-240
50 4993BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4993 13

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Beale Louise McCulloch</i>			2. DATE OF DEATH <i>6-3-50</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Hosp. For Women of Maryland</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>76</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>408 Woodlawn Rd. Balt. Md.</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Aug. 25, 1872</i>	9. AGE (In years last birthday) <i>77</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>own home</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>			13. FATHER'S NAME <i>John Seddickum</i>		
14. MOTHER'S MAIDEN NAME <i>Matilda Wade</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS		

1B. *204.0*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Chronic Lymphatic Leukemia**12 years*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *With generalized hemorrhage**1 week*

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *2*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5-29*, 1950, to *6-3*, 1950, that I last saw the deceased alive on *6-3*, 1950, and that death occurred at *10:15 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 4 - 1950
VS 150*William J. Ciccanaro**William J. Ciccanaro**Rock Hall, Md.**74a*

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of deceased: *John Doe*
2. Sex: *Male*
3. Age: *45*
4. Date of birth: *Jan 15 1900*
5. Place of birth: *New York City*
6. Date of death: *Dec 10 1945*
7. Place of death: *New York City*
8. Cause of death: *Heart Disease*
9. Duration of illness: *Several months*
10. Name of physician: *Dr. J. Smith*
11. Name of attending nurse: *Miss A. Brown*
12. Name of funeral home: *None*
13. Name of undertaker: *None*
14. Name of cemetery: *None*
15. Name of place of interment: *None*
16. Name of person to whom notice of death was given: *None*
17. Name of person to whom notice of death was given: *None*
18. Name of person to whom notice of death was given: *None*
19. Name of person to whom notice of death was given: *None*
20. Name of person to whom notice of death was given: *None*

1945
DEC 10
10

8-462
50 1994

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94 50 4994
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MABEL MADGE EHLERS

2. DATE
OF
DEATH

June 3, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Crawford Retreat
2117 Dennison St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-37

D. STREET ADDRESS (If rural, give location)

3036 Gwynns Falls Pkwy.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

Jan. 14, 1868

9. AGE (In years last birthday)

82

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Washington, D. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Oscar Dowling Madge

14. MOTHER'S MAIDEN NAME

Mary Peters

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

-no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Mr. Edward J. Naumann - 3036 Gwynns Falls Pkwy

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage

3 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis Cardio-Vascular disease 20 yrs

DUE TO

II

(C)

Hypertension

10 yrs

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan. 1947, to June 3, 1950, that I last saw the deceased alive on June 3, 1950, and that death occurred at 6:05 a.m., from the causes and on the date stated above.

22A. SIGNATURE

22B. ADDRESS

22C. DATE SIGNED

22A. SIGNATURE

M. D.

22B. ADDRESS

22C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/5/50

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county) (State)

Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Trickett

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Trickett & Sons Balto Md.

JUN 5 1950

937 Md.

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied legibly. Physicians: please write the causes of death clearly and legibly.

CERTIFICATION

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1902

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1901

ALBANY:

JOHN W. BAKER, PRINTERS

1902

100

100

100

100

100

100

100

100

100

100

100

100

G-616
50 4995

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4995
50 4995
Registered No. 75

1. NAME OF DECEASED (Type or Print) William H. Gerber		2. DATE OF DEATH June 2, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION West Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 5262 Nelson Ave.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Nov. 3, 1869
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) watchman rtd		10B. KIND OF BUSINESS OR INDUSTRY construction	9. AGE (In years last birthday) 80
13. FATHER'S NAME William Gerber		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		12. CITIZEN OF WHAT COUNTRY? Maryland	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Rosina Wolters	
17. INFORMANT Mr. William E. Constantine		ADDRESS 5262 Nelson Ave.	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Disease		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(B) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .				

23A. SIGNATURE Wm. H. Kanner J. M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/>	23C. DATE SIGNED June 2, 1950
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/5/50	24C. NAME OF CEMETERY OR CREMATORY Loudon Park	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 4 - 1950		25. FUNERAL DIRECTOR Thurston Williams, M.D. 21m. J. Siskner & Sons Baltimore	

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

94a **md.**

CERTIFICATE OF DEATH

NAME OF DECEASED

RESIDENCE

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Medical Examiner

Signature of Nurse

Signature of Undertaker

Signature of Burial Society

Signature of Cemetery

Signature of Funeral Home

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Paul H Diek

2. DATE
OF DEATH

June 2 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 11-03

D. STREET ADDRESS (If rural, give location)

304 W. Monument St

C. Length of stay in Baltimore

59

Yr.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec 25, 1890

9. AGE (In years last birthday)

59

10. Under 1 Year
Months: Days: Hours: Min.

18. 141X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Carcinoma Tongue il.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) atelectasis, right lower +
middle lobes of lung.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Generalized arteriosclerosis, severe

19A. DATE OF OPERATION

June 2 1950

19B. MAJOR FINDINGS OF OPERATION

Carcinoma Tongue LT.

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1950, to June 2, 1950, that I last saw the deceased alive on June 1, 1950, and that death occurred at 1:40 PM from the causes and on the date stated above.

23A. SIGNATURE

Charles H. Watt, Jr.

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

6/3/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/5/50

24C. NAME OF CEMETERY OR CREMATORY

Gordon Park

24D. LOCATION (City, town, or county)

Frederick Rd

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William J. Tickner

25. FUNERAL DIRECTOR

William J. Tickner

ADDRESS

JUN 4 - 1950
VS 150

770 91

45B

RECEIVED

1902

Wm

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Francis Oliver Abbott

2. DATE
OF
DEATH

June 2nd. 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION I737 N. Broadway

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

8-06

D. STREET ADDRESS (If rural, give location)

I737 N. Broadway

c. Length of stay in Baltimore

2 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

March 24th. 1888

9. AGE (In years
last birthday)

62

10. Under 1 Year
Months: Days

2

8

11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Special Service

10B. KIND OF BUSINESS OR
INDUSTRY

U.S. Government

11. BIRTHPLACE (State or foreign country)

Annapolis, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

(Unknown) Abbott

14. MOTHER'S MAIDEN NAME

(Unknown) Parlett

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

W.W.I

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs. Lorretta H. Hooper-I737 N. Broadway

18.

151X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Arteriosclerosis of the Aorta - Vascular
Renal Disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/30, 1950, to 6/2, 1950, that I last saw the
deceased alive on 6/1, 1950, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph S. Blum

M. D.

23B. ADDRESS

1115 N. Calvert St

23C. DATE SIGNED

6/3/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-6-50

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Frederick Rd. Balto: Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

George J. Ruth, Inc. - I733-35 Harford Avenue

1115 N. Calvert st

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

Registered No.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME, (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from May 18, 1950 to May 31, 1950 that I last saw the
deceased alive on May 31, 1950, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

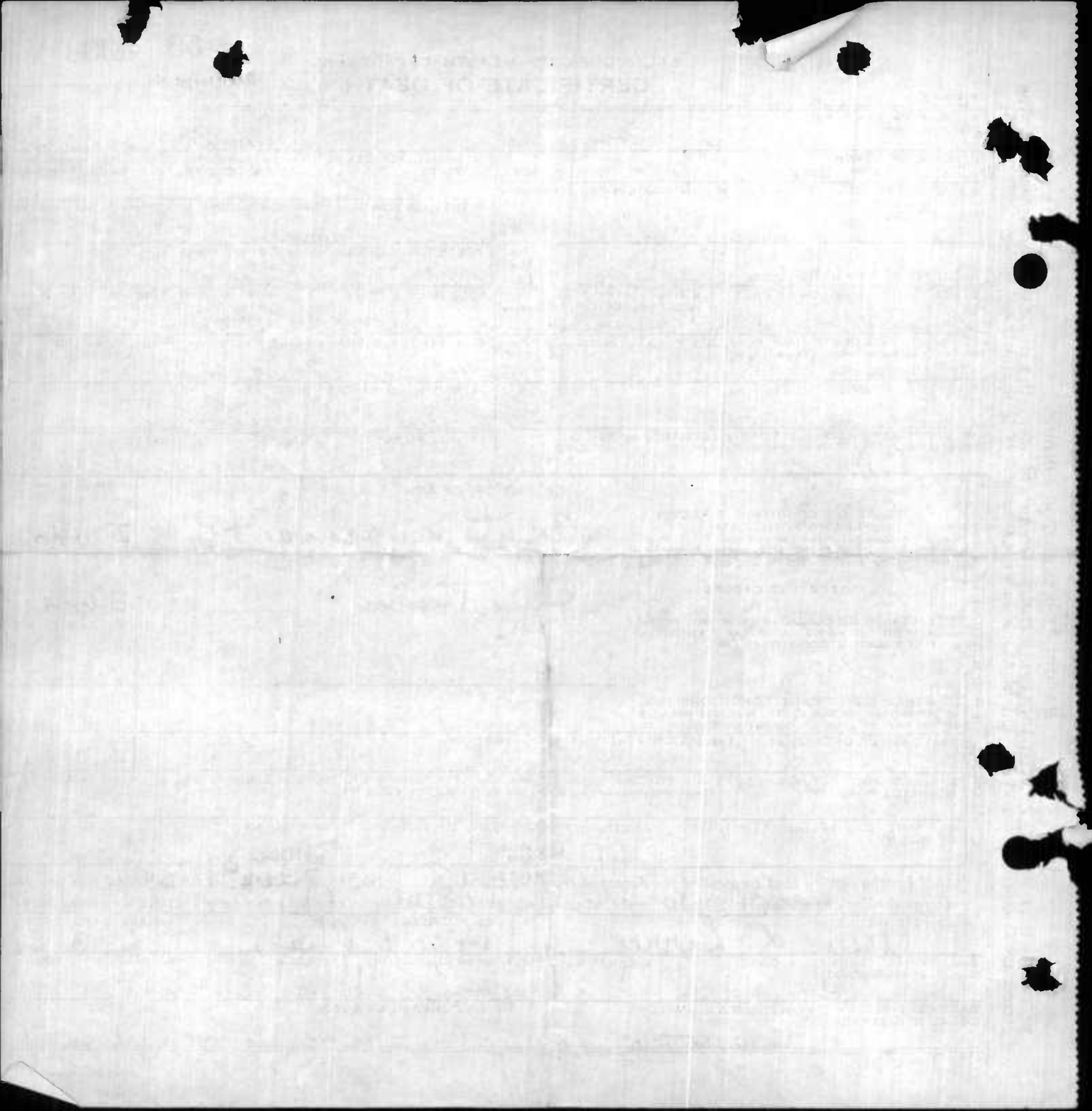
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 4 1950

1129 N. Caroline St
93a



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MORRIS

2. DATE
OF
DEATH

JUNE 2, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
A. STATE *Md* B. COUNTY _____ before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

WEST BALTO. GEN. HOSP.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

2550 West Cold Spring Lane

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

38

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

never worked

11. BIRTHPLACE (State or foreign country)

Balto Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Reubin

14. MOTHER'S MAIDEN NAME

Helda

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Helda Ziman

ADDRESS

Laure

18. *331X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebro-vascular accident*

DOE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Hypertension*

DOE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *June 2, 1950*, to *June 2, 1950*, that I last saw the deceased alive on *June 2, 1950*, and that death occurred at *11:45 P. M.*, from the causes and on the date stated above.

23A. SIGNATURE

Leonard A. Halonahel

23B. ADDRESS

W 156 St

23C. DATE SIGNED

6/2/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-4-50

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Herring Run

24D. LOCATION (City, town, or county) (State)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William M. Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis Inc 2100 Canton Rd

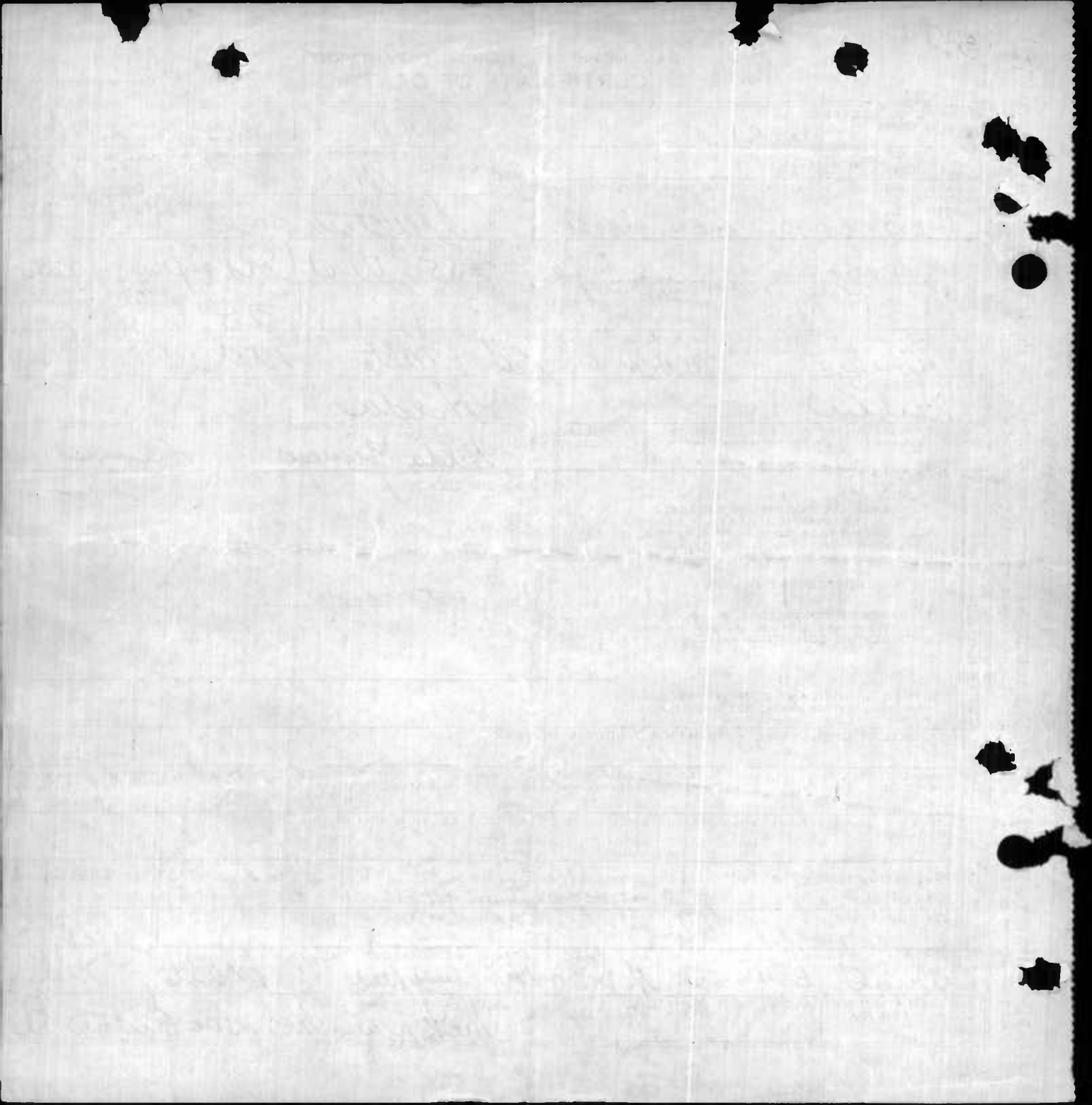
ADDRESS

JUN 4 - 1950

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be recorded legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 5000

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <u>Matilda Harper</u>			2. DATE OF DEATH <u>June 2, 1950</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore, Md.</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Provident Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>16-03</u>		
c. Length of stay in Baltimore			O. STREET ADDRESS (If rural, give location) <u>722 Vincent Street</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>S.</u>	8. DATE OF BIRTH <u>Jan. 20, 1898</u>	9. AGE (In years, last birthday) <u>52</u>	10. Under 1 Year: Months _____ Days _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Maid</u>		
11. FATHER'S NAME <u>James Harper</u>			12. CITIZEN OF WHAT COUNTRY? _____		
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____			14. SOCIAL SECURITY NO. _____		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) _____			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <u>Mrs. Amelia Combash</u>			ADDRESS <u>- 705 Lake Dr</u>		

<p>18. <u>490x</u></p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p align="center">CAUSE OF DEATH</p> <p>(A) <u>Pneumonia (Lobar)</u></p> <p>DOE TO</p> <p>(B) <u>Malnutrition</u></p> <p>DOE TO</p> <p>(C) <u>Dehydration</u></p>		<p>INTERVAL BETWEEN ONSET AND DEATH</p>

19A. DATE OF OPERATION <u>6/2</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>6/2</u> , 19 <u>50</u> , to <u>6/2</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>6/2</u> , 19 <u>50</u> , and that death occurred at <u>4:20 A.M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>[Signature]</u>		23B. ADDRESS <u>Provident Hospital</u>		23C. DATE SIGNED <u>6/2/50</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>B.</u>		24B. DATE <u>Jun 5, 1950</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary</u>	
24D. LOCATION (City, town, or county) <u>Bkly.</u>		24E. STATE <u>Md.</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 5 - 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR <u>Joseph C. Russ</u>	
				ADDRESS <u>1200 McCall St</u>	

VS 150

52086

108

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

